

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



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

**What changes can be made during Open Enrollment?**

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



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

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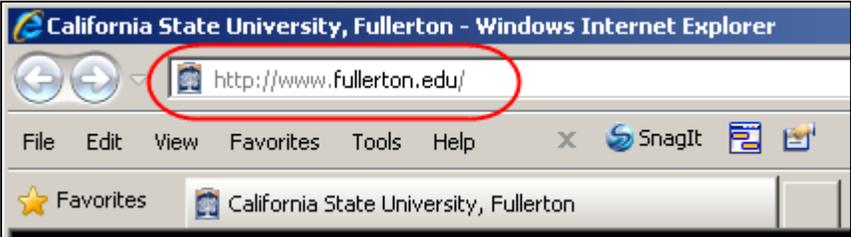
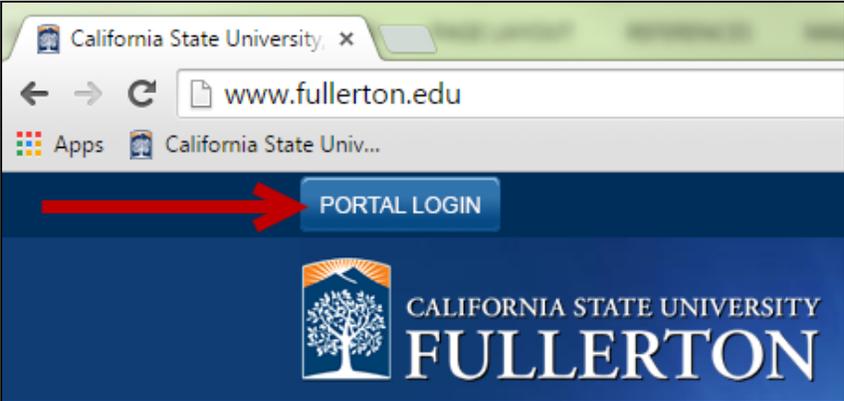
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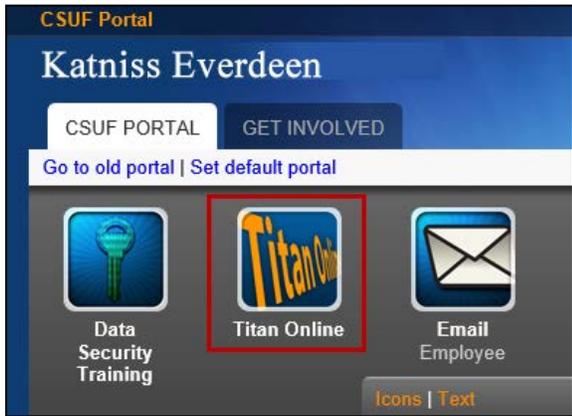
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<p><b>Navigating to Open Enrollment</b></p> <hr/> <p><b>Step 1:</b> Open your internet browser (i.e. Internet Explorer, Safari, Firefox, etc) and go to <a href="http://www.fullerton.edu">http://www.fullerton.edu</a>.</p>	
<p><b>Step 2:</b> Click on the <b>Portal Login</b> button.</p>	

Processing Steps	Screen Shots
<p><b>Step 3:</b> Enter your campus username and password.</p>	
<p><b>Step 4:</b> Click on the Titan Online icon.</p>	
<p><b>Step 5:</b> Click on the Titan Online icon.</p>	

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<p><b>Step 6:</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>	
<p><b>Step 7:</b> In the Employee Self Service box under My Benefits Information, select <b>Open Enrollment</b>.</p>	

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<p><b>Step 8:</b> The Benefits Enrollment page appears.</p> <p>When you access this feature during Open Enrollment, you will see an <b>Open Enrollment Event</b>. Note the event date is January 1<sup>st</sup> of the next calendar year; this is because your benefit modifications made during Open Enrollment are not effective until January 1<sup>st</sup> of the next calendar year.</p> <p>Click on the information icon (  ) to learn more about the various Benefit programs, eligibility, and enrollment.</p> <p>Click <b>Select</b> to begin.</p>	<div data-bbox="586 270 1481 720"> <h3>Benefits Enrollment</h3> <p>Lizzie Wrayburn</p> <p>After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change. The Information icon provides you with additional information about your enrollment. The Select button next to an event means it is currently open for enrollment. To begin your enrollment, click <b>Select</b>.</p> <p>Note: Some events may be temporarily closed until you have completed enrollment for a prior event.</p> <table border="1"> <thead> <tr> <th colspan="5">Open Benefit Events</th> </tr> <tr> <th>Event Description</th> <th></th> <th>Event Date</th> <th>Event Status</th> <th>Job Title</th> </tr> </thead> <tbody> <tr> <td>Open Enrollment</td> <td></td> <td>01/01/2014</td> <td>Open</td> <td>Admin Analyst/Spclst 12 Mo</td> </tr> </tbody> </table> <p>Once you click Select, it will take a few seconds for your benefits enrollment information to load.</p> </div>	Open Benefit Events					Event Description		Event Date	Event Status	Job Title	Open Enrollment		01/01/2014	Open	Admin Analyst/Spclst 12 Mo
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<p><b>Step 8a:</b> If you access the Open Enrollment functionality outside of the Open Enrollment dates, you will see an error message that indicates that you do not have an open benefits enrollment.</p>	<div data-bbox="586 1014 1481 1377"> <h3>Benefits Enrollment</h3> <p>Bill Sikes</p> <p>After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change. The Information icon provides you with additional information about your enrollment. The Select button next to an event means it is currently open for enrollment. To begin your enrollment, click <b>Select</b>.</p> <p>Note: Some events may be temporarily closed until you have completed enrollment for a prior event.</p> <div style="border: 2px solid red; padding: 5px; margin-top: 10px;"> <p><b>You do not have an open benefits enrollment.</b> Contact the Benefits Department if you have any questions.</p> </div> </div>															

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<p><b>Step 9:</b> The Open Enrollment page appears with all of the plans that you are eligible for as well as your current Benefit enrollments.</p>  <p>The <b>Current</b> field and the <b>New</b> field will show the same value unless you use the <b>Edit</b> button to make a change to that benefit.</p>	<div data-bbox="586 270 1365 1297"> <p><b>Benefits Enrollment</b></p> <hr/> <p><b>Open Enrollment</b></p> <p>Lizzie Wrayburn</p> <p>Open enrollment is your annual opportunity to modify your benefit choices. To continue participating in the Flexible Spending Accounts or the Vacation Buy and Sell program next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary.</p> <p> <b>Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</b></p> <p><b>Enrollment Summary</b></p> <table border="1"> <thead> <tr> <th>Edit</th> <th>Medical</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td></td> <td>Current: No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>New: No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Edit</th> <th>Dental</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> <tr> <td></td> <td>Current: Delta Enhanced II:Empl+1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>New: Delta Enhanced II:Empl+1</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> <tr> <th>Edit</th> <th>Vision</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> <tr> <td></td> <td>Current: Vision Service Plan:Emp+Deps</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>New: Vision Service Plan:Emp+Deps</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> <tr> <th>Edit</th> <th>Dental Flex Cash</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> <tr> <td></td> <td>Current: No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>New: No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Edit</th> <th>Medical Flex Cash</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> <tr> <td></td> <td>Current: Flex Cash - Medical:Empl Only</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>New: Flex Cash - Medical:Empl Only</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> </tr> <tr> <th>Edit</th> <th>Flex Spending Health - U.S.</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> <tr> <td></td> <td>Current: No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>New: No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th>Edit</th> <th>Flex Spending Dependent Care</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> <tr> <td></td> <td>Current: No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>New: No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> </div>	Edit	Medical	Full Cost	Credits	Before Tax	After Tax		Current: No Coverage						New: No Coverage					Edit	Dental	Full Cost	Credits	Before Tax	After Tax		Current: Delta Enhanced II:Empl+1						New: Delta Enhanced II:Empl+1	0.00	0.00			Edit	Vision	Full Cost	Credits	Before Tax	After Tax		Current: Vision Service Plan:Emp+Deps						New: Vision Service Plan:Emp+Deps	0.00	0.00			Edit	Dental Flex Cash	Full Cost	Credits	Before Tax	After Tax		Current: No Coverage						New: No Coverage					Edit	Medical Flex Cash	Full Cost	Credits	Before Tax	After Tax		Current: Flex Cash - Medical:Empl Only						New: Flex Cash - Medical:Empl Only	0.00	0.00	0.00		Edit	Flex Spending Health - U.S.	Full Cost	Credits	Before Tax	After Tax		Current: No Coverage						New: No Coverage					Edit	Flex Spending Dependent Care	Full Cost	Credits	Before Tax	After Tax		Current: No Coverage						New: No Coverage				
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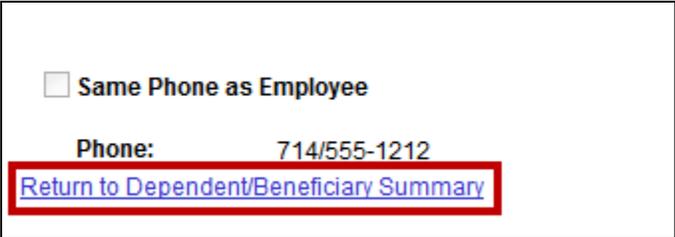
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<p><b>Making Changes to Medical Coverage</b></p> <p>To change your medical coverage during Open Enrollment, follow the steps in the <a href="#">Navigating to Open Enrollment</a> section on page 2. Then follow the steps below.</p> <p><b>Step 1:</b> To make a change to your dental coverage, click <b>Edit</b> in the <b>Medical</b> section.</p>	<div data-bbox="586 270 1484 892"> <p><b>Benefits Enrollment</b></p> <hr/> <p><b>Open Enrollment</b></p> <p>Lizzie Wrayburn</p> <p>Open enrollment is your annual opportunity to modify your benefit choices. To continue participating in the Flexible Spending Accounts or the Vacation Buy and Sell program next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary.</p> <p><b>i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</b></p> <p><b>Enrollment Summary</b></p> <table border="1"> <thead> <tr> <th data-bbox="597 688 667 724">Edit</th> <th data-bbox="667 688 1096 724">Medical</th> <th data-bbox="1096 688 1193 724">Full Cost</th> <th data-bbox="1193 688 1291 724">Credits</th> <th data-bbox="1291 688 1388 724">Before Tax</th> <th data-bbox="1388 688 1484 724">After Tax</th> </tr> </thead> <tbody> <tr> <td colspan="6" data-bbox="597 745 1484 772">Current: No Coverage</td> </tr> <tr> <td colspan="6" data-bbox="597 777 1484 804">New: No Coverage</td> </tr> <tr> <th data-bbox="597 804 667 831">Edit</th> <th data-bbox="667 804 1096 831">Dental</th> <th data-bbox="1096 804 1193 831">Full Cost</th> <th data-bbox="1193 804 1291 831">Credits</th> <th data-bbox="1291 804 1388 831">Before Tax</th> <th data-bbox="1388 804 1484 831">After Tax</th> </tr> <tr> <td colspan="6" data-bbox="597 852 1484 879">Current: Delta Enhanced II:Empl+1</td> </tr> </tbody> </table> </div>	Edit	Medical	Full Cost	Credits	Before Tax	After Tax	Current: No Coverage						New: No Coverage						Edit	Dental	Full Cost	Credits	Before Tax	After Tax	Current: Delta Enhanced II:Empl+1					
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<p><b>Changing Your Medical Plan</b></p> <p>There are several medical plan options available to CSUF employees. You may change which medical plan you (and your dependents) are enrolled in or waive your medical coverage.</p> <p>Select the <b>Overview of All Plans</b> link to view information on all available medical plans. Or select another hyperlink on the page to learn about a specific medical plan.</p> <p><b>Step 1:</b> To make a change to your current medical plan, select one of the radio buttons.</p>	<div data-bbox="586 268 1479 1556"> <p><b>Benefits Enrollment</b></p> <p><b>Medical</b></p> <p>Lizzie Wrayburn</p> <p>All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured.</p> <p><b>i Important! Your current coverage is: Kaiser Foundation with Employee + Dependents coverage. You will continue with this coverage if you do not make a choice.</b></p> <p><b>Select an Option</b></p> <p>Here Are Your Available Options With Your per-pay-period Costs: (Your cost = Full benefit cost - Credits)</p> <p><a href="#">Overview of all Plans</a></p> <p>Select one of the following plans:</p> <p><input type="radio"/> <a href="#">Kaiser PERMANENTE CALIFORNIA</a></p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$19.61</td> <td>\$0.00</td> <td>\$19.61</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + 1</td> <td>\$105.22</td> <td>\$0.00</td> <td>\$105.22</td> <td>Before-Tax</td> </tr> <tr> <td>Employee+Dependents</td> <td>\$161.19</td> <td>\$0.00</td> <td>\$161.19</td> <td>Before-Tax</td> </tr> </tbody> </table> <p><input type="radio"/> Kaiser HMO (non-TAPP)</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$19.61</td> <td>\$0.00</td> <td>\$19.61</td> <td>After-Tax</td> </tr> <tr> <td>Employee + 1</td> <td>\$105.22</td> <td>\$0.00</td> <td>\$105.22</td> <td>After-Tax</td> </tr> <tr> <td>Employee+Dependents</td> <td>\$161.19</td> <td>\$0.00</td> <td>\$161.19</td> <td>After-Tax</td> </tr> </tbody> </table> <p><input type="radio"/> <a href="#">PERS-SELECT CALIFORNIA NT</a></p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>After-Tax</td> </tr> <tr> <td>Employee + 1</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>After-Tax</td> </tr> <tr> <td>Employee+Dependents</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>After-Tax</td> </tr> </tbody> </table> </div>	Coverage Level	Costs	Credits	Your Costs	Tax Class	Employee Only	\$19.61	\$0.00	\$19.61	Before-Tax	Employee + 1	\$105.22	\$0.00	\$105.22	Before-Tax	Employee+Dependents	\$161.19	\$0.00	\$161.19	Before-Tax	Coverage Level	Costs	Credits	Your Costs	Tax Class	Employee Only	\$19.61	\$0.00	\$19.61	After-Tax	Employee + 1	\$105.22	\$0.00	\$105.22	After-Tax	Employee+Dependents	\$161.19	\$0.00	\$161.19	After-Tax	Coverage Level	Costs	Credits	Your Costs	Tax Class	Employee Only	\$0.00	\$0.00	\$0.00	After-Tax	Employee + 1	\$0.00	\$0.00	\$0.00	After-Tax	Employee+Dependents	\$0.00	\$0.00	\$0.00	After-Tax
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<p><b>Add or Remove Medical Coverage for Dependents</b></p> <p>You may add or remove medical coverage for a dependent during Open Enrollment.</p> <p><b>Step 1:</b> At the bottom of the Medical Benefits Enrollment page, your current dependent coverage is shown as well as a list of other dependents that are eligible for the benefit.</p> <p>To <b>add</b> medical coverage for a dependent, place a check mark in the Enroll column next to their name.</p> <p>To <b>remove</b> medical coverage for a dependent, un-check the box in the Enroll column next to their name.</p>  <p>If you have no other changes to your dependent coverage, skip to <a href="#">Saving Your Medical Coverage Changes</a> on page 12.</p>	<div data-bbox="586 275 1487 747"> <p><b>Enroll Your Dependents</b></p> <p>The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the <b>Enroll</b> box next to the dependent's name.</p> <table border="1" data-bbox="602 499 1455 615"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> <p><a href="#">Add/Review Dependents</a></p> </div>	Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Eugene Wrayburn	Spouse	<input type="checkbox"/>	Pleasant Wrayburn	Child
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<p><b>Step 1b:</b> A list of your dependents appears. Click on a dependent's name to view their personal information.</p>	<div data-bbox="586 275 1479 611"> <h3>Enrollment Dependent/Beneficiary Summary</h3> <p>Lizzie Wrayburn</p> <p>The people listed below may be eligible for Benefit Coverage. To add a new dependent, click "Add a dependent or beneficiary". To update an existing dependent, contact Benefits at 657-278-2425 or <a href="mailto:benefits@exchange.fullerton.edu">benefits@exchange.fullerton.edu</a>.  <a href="#">Add a dependent or beneficiary</a></p> <table border="1"> <thead> <tr> <th colspan="7">Dependent Information</th> </tr> <tr> <th>Name</th> <th>Relationship to Employee</th> <th>Date of Birth</th> <th>Marital Status</th> <th>Marital Status Date</th> <th>Student</th> <th>Disabled</th> </tr> </thead> <tbody> <tr> <td><a href="#">Eugene Wrayburn</a></td> <td>Spouse</td> <td>08/27/1953</td> <td>Married</td> <td>09/17/1983</td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td><a href="#">John Wrayburn</a></td> <td>Child</td> <td>10/10/1984</td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> </div>	Dependent Information							Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	<a href="#">Eugene Wrayburn</a>	Spouse	08/27/1953	Married	09/17/1983	No	<input type="checkbox"/>	<a href="#">John Wrayburn</a>	Child	10/10/1984	Single		No	<input type="checkbox"/>		
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<p><b>Step 1c:</b> In this example, the dependent is not eligible for benefits as the child is too old to be covered by their parent's benefits.</p> <p>Select <b>Return to Dependent/Beneficiary Summary</b>.</p>	<div data-bbox="586 705 1479 1703"> <h3>Dependent/Beneficiary Personal Information</h3> <p>Lizzie Wrayburn</p> <p>Dependent/Beneficiary's personal information as of Jan 1, 2014. To update their information, go to eBenefits Life Events or contact Benefits at 657-278-2425 or <a href="mailto:benefits@fullerton.edu">benefits@fullerton.edu</a>.</p> <table border="1"> <thead> <tr> <th colspan="2">Personal Information</th> </tr> </thead> <tbody> <tr> <td>First Name:</td> <td>John</td> </tr> <tr> <td>Middle Name:</td> <td></td> </tr> <tr> <td>Last Name:</td> <td>Wrayburn</td> </tr> <tr> <td>Name Prefix:</td> <td></td> </tr> <tr> <td>Name Suffix:</td> <td></td> </tr> <tr> <td>Gender:</td> <td>Male</td> </tr> <tr> <td>Date of Birth:</td> <td>10/10/1984</td> </tr> <tr> <td>Relationship to Employee:</td> <td>Child</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">Address and Telephone</th> </tr> </thead> <tbody> <tr> <td colspan="2"><input checked="" type="checkbox"/> Same Address as Employee</td> </tr> <tr> <td>Country:</td> <td>United States</td> </tr> <tr> <td>Address:</td> <td>5539 Samantha Ave Lakewood, CA 90712</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Same Phone as Employee</td> </tr> <tr> <td>Phone:</td> <td>0</td> </tr> </tbody> </table> <p><a href="#">Return to Dependent/Beneficiary Summary</a></p> </div>	Personal Information		First Name:	John	Middle Name:		Last Name:	Wrayburn	Name Prefix:		Name Suffix:		Gender:	Male	Date of Birth:	10/10/1984	Relationship to Employee:	Child	Address and Telephone		<input checked="" type="checkbox"/> Same Address as Employee		Country:	United States	Address:	5539 Samantha Ave Lakewood, CA 90712	<input type="checkbox"/> Same Phone as Employee		Phone:	0
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<p><b><u>Adding a New Dependent</u></b></p> <p><b>Step 1:</b> To add a new dependent, click <b>Add/Review Dependents</b>.</p>	<div data-bbox="586 275 1468 737"> <p><b>Enroll Your Dependents</b></p> <p>The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the <b>Enroll</b> box next to the dependent's name.</p> <table border="1" data-bbox="607 495 1432 604"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> <p style="text-align: center;"><b>Add/Review Dependents</b></p> </div>	Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Eugene Wrayburn	Spouse	<input type="checkbox"/>	Pleasant Wrayburn	Child																			
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<p><b>Step 2:</b> Select <b>Add a dependent or beneficiary</b>.</p>	<div data-bbox="586 829 1468 1163"> <p><b>Enrollment Dependent/Beneficiary Summary</b></p> <p>Lizzie Wrayburn</p> <p>The people listed below may be eligible for Benefit Coverage. To add a new dependent, click "Add a dependent or beneficiary". To update an existing dependent, contact Benefits at 657-278-2425 or benefits@exchange.fullerton.edu.</p> <p><b>Add a dependent or beneficiary</b></p> <table border="1" data-bbox="591 1024 1440 1163"> <thead> <tr> <th colspan="7">Dependent Information</th> </tr> <tr> <th>Name</th> <th>Relationship to Employee</th> <th>Date of Birth</th> <th>Marital Status</th> <th>Marital Status Date</th> <th>Student</th> <th>Disabled</th> </tr> </thead> <tbody> <tr> <td><a href="#">Eugene Wrayburn</a></td> <td>Spouse</td> <td>08/27/1953</td> <td>Married</td> <td>09/17/1983</td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td><a href="#">John Wrayburn</a></td> <td>Child</td> <td>10/10/1984</td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> </div>	Dependent Information							Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	<a href="#">Eugene Wrayburn</a>	Spouse	08/27/1953	Married	09/17/1983	No	<input type="checkbox"/>	<a href="#">John Wrayburn</a>	Child	10/10/1984	Single		No	<input type="checkbox"/>
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<p><b>Step 3:</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>	<div data-bbox="586 1255 1443 1835"> <p><b>Dependent/Beneficiary Personal Information</b></p> <p>Lizzie Wrayburn</p> <p>Dependent/Beneficiary's personal information as of Jan 1, 2014. To update their information, go to eBenefits Life Events or contact Benefits at 657-278-2425 or benefits@fullerton.edu.</p> <p><b>Personal Information</b></p> <p>*First Name: <input type="text" value="Jenny"/></p> <p>Middle Name: <input type="text"/></p> <p>*Last Name: <input type="text" value="Wrayburn"/></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="07/31/2013"/> </p> <p>SSN: <input type="text"/> (Social Security Number)</p> <p>*Relationship to Employee: <input type="text" value="Child"/> </p> </div>																												

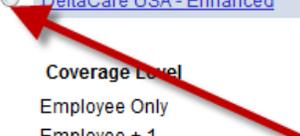
Processing Steps	Screen Shots
<p><b>Step 4:</b> Enter the address and phone number for the new dependent.</p> <p>If the address or phone is the same as yours, you can place a checkmark next to <i>Same Address as Employee</i> or <i>Same Phone as Employee</i>.</p> <p>Then click <b>Save</b>.</p>	
<p><b>Step 5:</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 6:</b> The new dependent's information appears. Scroll down and select <b>Return to Dependent/Beneficiary Summary</b>.</p>	

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<p><b>Step 7:</b> The new dependent appears in the Dependent Information table.</p> <p>Select <b>Return to Event Selection</b>.</p>	<div data-bbox="586 275 1468 892"> <h3>Enrollment Dependent/Beneficiary Summary</h3> <p>Lizzie Wrayburn</p> <p>The people listed below may be eligible for Benefit Coverage. To add a new dependent, click "Add a dependent or beneficiary". To update an existing dependent, contact Benefits at 657-278-2425 or benefits@exchange.fullerton.edu.</p> <p><a href="#">Add a dependent or beneficiary</a></p> <table border="1"> <thead> <tr> <th colspan="7">Dependent Information</th> </tr> <tr> <th>Name</th> <th>Relationship to Employee</th> <th>Date of Birth</th> <th>Marital Status</th> <th>Marital Status Date</th> <th>Student</th> <th>Disabled</th> </tr> </thead> <tbody> <tr> <td><a href="#">Eugene Wrayburn</a></td> <td>Spouse</td> <td>08/27/1953</td> <td>Married</td> <td>09/17/1983</td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td><a href="#">John Wrayburn</a></td> <td>Child</td> <td>10/10/1984</td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td><a href="#">Jenny Wrayburn</a></td> <td>Child</td> <td>07/31/2013</td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td><a href="#">Pleasant Wrayburn</a></td> <td>Child</td> <td>04/02/2000</td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p><a href="#">Return to Event Selection</a></p> </div>	Dependent Information							Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	<a href="#">Eugene Wrayburn</a>	Spouse	08/27/1953	Married	09/17/1983	No	<input type="checkbox"/>	<a href="#">John Wrayburn</a>	Child	10/10/1984	Single		No	<input type="checkbox"/>	<a href="#">Jenny Wrayburn</a>	Child	07/31/2013	Single		No	<input type="checkbox"/>	<a href="#">Pleasant Wrayburn</a>	Child	04/02/2000	Single		No	<input type="checkbox"/>
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<p><b>Step 8:</b> The new dependent now appears in the Enroll Your Dependents section.</p> <p>Place a check mark next to the dependent's name in the Enroll column to enroll them in the benefit.</p>	<div data-bbox="586 989 1468 1398"> <h3>Enroll Your Dependents</h3> <p>The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the <b>Enroll</b> box next to the dependent's name.</p> <table border="1"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jenny Wrayburn</td> <td>Child</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> </div>	Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Eugene Wrayburn	Spouse	<input type="checkbox"/>	Jenny Wrayburn	Child	<input type="checkbox"/>	Pleasant Wrayburn	Child																														
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<p><b>Saving Your Medical Coverage Changes</b></p> <p><b>Step 1:</b></p> <p>Once you have made the changes to your medical coverage, click <b>Continue</b> at the bottom of the page.</p>	<p><b>Benefits Enrollment</b></p> <p><b>Medical</b></p> <p>Lizzie Wrayburn</p> <p>All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured.</p> <p><b>Important!</b> Your current coverage is: <b>No Coverage</b>. You will continue with this coverage if you do not make a choice.</p> <p><b>Select an Option</b></p> <p>Here Are Your Available Options With Your annual Costs: (Your cost = Full benefit cost - Credits)</p> <p><a href="#">Overview of all Plans</a></p> <p>Select one of the following plans:</p> <p><input checked="" type="radio"/> <b>Kaiser HMO</b></p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + 1</td> <td>\$428.16</td> <td>\$0.00</td> <td>\$428.16</td> <td>Before-Tax</td> </tr> <tr> <td>Employee+Dependents</td> <td>\$831.36</td> <td>\$0.00</td> <td>\$831.36</td> <td>Before-Tax</td> </tr> </tbody> </table> <p><input type="radio"/> <b>PERS Care PPO</b></p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$4,890.84</td> <td>\$0.00</td> <td>\$4,890.84</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + 1</td> <td>\$10,513.68</td> <td>\$0.00</td> <td>\$10,513.68</td> <td>Before-Tax</td> </tr> <tr> <td>Employee+Dependents</td> <td>\$13,942.56</td> <td>\$0.00</td> <td>\$13,942.56</td> <td>Before-Tax</td> </tr> </tbody> </table> <p><input type="radio"/> <b>PERS Choice PPO</b></p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$144.72</td> <td>\$0.00</td> <td>\$144.72</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + 1</td> <td>\$1,021.44</td> <td>\$0.00</td> <td>\$1,021.44</td> <td>Before-Tax</td> </tr> <tr> <td>Employee+Dependents</td> <td>\$1,502.72</td> <td>\$0.00</td> <td>\$1,502.72</td> <td>Before-Tax</td> </tr> </tbody> </table> <p><input type="radio"/> <b>PERS SELECT</b></p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + 1</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>Before-Tax</td> </tr> <tr> <td>Employee+Dependents</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>Before-Tax</td> </tr> </tbody> </table> <p><input type="radio"/> <b>Blue Shield HMO Advantage</b></p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$649.32</td> <td>\$0.00</td> <td>\$649.32</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + 1</td> <td>\$2,030.64</td> <td>\$0.00</td> <td>\$2,030.64</td> <td>Before-Tax</td> </tr> <tr> <td>Employee+Dependents</td> <td>\$2,914.68</td> <td>\$0.00</td> <td>\$2,914.68</td> <td>Before-Tax</td> </tr> </tbody> </table> <p><input type="radio"/> <b>Blue Shield NetValue Advantage</b></p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + 1</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>Before-Tax</td> </tr> <tr> <td>Employee+Dependents</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td>Before-Tax</td> </tr> </tbody> </table> <p><input type="radio"/> <b>Waive</b></p> <p>You have chosen to Waive coverage.</p> <p><b>Enroll Your Dependents</b></p> <p>The following list displays all individuals who are eligible to be your dependents. 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<p><b>Step 2:</b> You will see a page detailing the medical coverage changes you entered.</p> <p>Review the information carefully.</p> <p>To save these changes, click <b>OK</b>.</p> <p> These changes will not be finalized until you submit all of your Open Enrollment changes. See the <a href="#">Submitting Open Enrollment Changes</a> section on page 49.</p>	<div data-bbox="584 268 1477 1239"> <p><b>Benefits Enrollment</b></p> <p><b>Medical</b></p> <p>Lizzie Wrayburn</p> <p><b>i</b> Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</p> <p><b>Your Choice</b></p> <p>You have chosen Kaiser PERMANENTE CALIFORNIA with Employee+Dependents coverage. You are also covering Employee+Dependents.</p> <p><b>Your Estimated per-pay-period Cost</b></p> <table border="1"> <tr> <td>Full Cost:</td> <td>\$161.19</td> </tr> <tr> <td>Credits:</td> <td>\$0.00</td> </tr> <tr> <td><b>Your Cost:</b></td> <td><b>\$161.19</b></td> </tr> </table> <p><b>Your Covered Dependents</b></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td>Jenny Wrayburn</td> <td>Child</td> </tr> <tr> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> <p><b>Notes</b></p> <p>Once submitted, this choice will take effect on 01/01/2014. Deductions and/or Credits for this choice will start with the pay period beginning 01/01/2014.</p> <p><b>OK</b> Click OK to store your choices.</p> <p><b>Edit</b> Click Edit to go back and change your choices.</p> </div>	Full Cost:	\$161.19	Credits:	\$0.00	<b>Your Cost:</b>	<b>\$161.19</b>	Name	Relationship	Eugene Wrayburn	Spouse	Jenny Wrayburn	Child	Pleasant Wrayburn	Child				
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<p><b>Step 3:</b> The Medical section of the Open Enrollment page now shows your new selection.</p>	<table border="1"> <thead> <tr> <th></th> <th>Medical</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Current:</td> <td>Kaiser Foundation:Empl+Deps</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New:</td> <td>Kaiser PERMANENTE CALIFORNIA:Empl+Deps</td> <td>161.19</td> <td>0.00</td> <td>161.19</td> <td></td> </tr> </tbody> </table>		Medical	Full Cost	Credits	Before Tax	After Tax	Current:	Kaiser Foundation:Empl+Deps					New:	Kaiser PERMANENTE CALIFORNIA:Empl+Deps	161.19	0.00	161.19	
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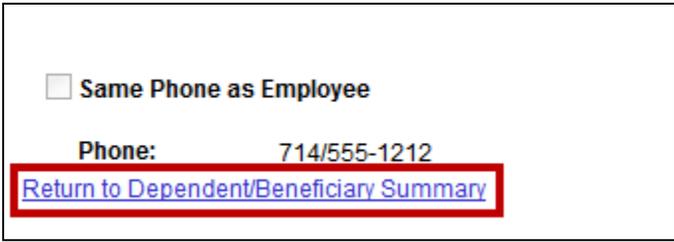
Processing Steps	Screen Shots																																				
<p><b>Making Changes to Dental Coverage</b></p> <p>To change your dental coverage during Open Enrollment, follow the steps in the <a href="#">Navigating to Open Enrollment</a> section on page 2. Then follow the steps below.</p> <p><b>Step 1:</b> To make a change to your dental coverage, click <b>Edit</b> in the <b>Dental</b> section.</p>	<div data-bbox="586 275 1487 926"> <p><b>Benefits Enrollment</b></p> <p><b>Open Enrollment</b></p> <p>Lizzie Wrayburn</p> <p>Open enrollment is your annual opportunity to modify your benefit choices. To continue participating in the Flexible Spending Accounts or the Vacation Buy and Sell program next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary.</p> <p><b>i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</b></p> <p><b>Enrollment Summary</b></p> <table border="1"> <thead> <tr> <th></th> <th>Medical</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Current:</td> <td>No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New:</td> <td>No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th></th> <th>Dental</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> <tr> <td>Current:</td> <td>Delta Enhanced II:Empl+1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New:</td> <td>Delta Enhanced II:Empl+1</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> </tbody> </table> </div>		Medical	Full Cost	Credits	Before Tax	After Tax	Current:	No Coverage					New:	No Coverage						Dental	Full Cost	Credits	Before Tax	After Tax	Current:	Delta Enhanced II:Empl+1					New:	Delta Enhanced II:Empl+1	0.00	0.00		
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<p><b>Changing Your Dental Plan</b></p> <p>There are several dental plan options available to CSUF employees. You may change which dental plan you (and your dependents) are enrolled in or waive your dental coverage.</p> <p>Select the <b>Overview of All Plans</b> link to view information on all available dental plans. Or select another hyperlink on the page to learn about a specific dental plan.</p> <p><b>Step 1:</b> To make a change to your current dental plan, select one of the radio buttons.</p>	<div data-bbox="586 275 1484 1457"> <p><b>Benefits Enrollment</b></p> <p><b>Dental</b></p> <p>Lizzie Wrayburn</p> <p>Dental coverage allows you and your dependents to have routine cleaning visits and receive services such as the installation of fillings and crowns.</p> <p><b>i Important! Your current coverage is: Delta Enhanced II with Employee + Child(ren) coverage. Coverage for this plan will be waived if you do not make an election.</b></p> <p><b>Select an Option</b></p> <p>Here Are Your Available Options With Your per-pay-period Costs: (Your cost = Full benefit cost - Credits)</p> <p><a href="#">Overview of all Plans</a> </p> <p>Select one of the following plans:</p> <p><input checked="" type="radio"/> <a href="#">Delta Enhanced II</a></p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Employee + 1</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Employee+Dependents</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> </tbody> </table> <p><input type="radio"/> <a href="#">DeltaCare USA - Enhanced</a> </p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Employee + 1</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Employee+Dependents</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> </tbody> </table> <p><input type="radio"/> <a href="#">Waive</a></p> <p>Employees who have non-CSU Dental coverage can elect to participate in the <a href="#">FlexCash Plan</a> to obtain cash in lieu of CSU coverage. The money is taxed. Please contact Benefits at 657-278-2425 for more information.</p> </div>	Coverage Level	Costs	Credits	Your Costs	Tax Class	Employee Only	\$0.00	\$0.00	\$0.00		Employee + 1	\$0.00	\$0.00	\$0.00		Employee+Dependents	\$0.00	\$0.00	\$0.00		Coverage Level	Costs	Credits	Your Costs	Tax Class	Employee Only	\$0.00	\$0.00	\$0.00		Employee + 1	\$0.00	\$0.00	\$0.00		Employee+Dependents	\$0.00	\$0.00	\$0.00	
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<p><b>Add or Remove Dental Coverage for Dependents</b></p> <p>You may add or remove dental coverage for a dependent during Open Enrollment.</p> <p><b>Step 1:</b> At the bottom of the Dental Benefits Enrollment page, your current dependent coverage is shown as well as a list of other dependents that are eligible for the benefit.</p> <p>To <b>add</b> dental coverage for a dependent, place a check mark in the Enroll column next to their name.</p> <p>To <b>remove</b> dental coverage for a dependent, un-check the box in the Enroll column next to their name.</p>  <p>If you have no other changes to your dependent coverage, skip to <a href="#">Saving Your Dental Coverage Changes</a> on page 21.</p>	<div data-bbox="586 275 1485 745"> <p><b>Enroll Your Dependents</b></p> <p>The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the <b>Enroll</b> box next to the dependent's name.</p> <table border="1"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> <p><b>Add/Review Dependents</b></p> </div>	Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Eugene Wrayburn	Spouse	<input type="checkbox"/>	Pleasant Wrayburn	Child
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<p><b>Step 1a:</b> If a dependent does not appear on the list, click <b>Add/Review Dependents</b> to determine why the dependent is not eligible.</p>	<div data-bbox="586 1262 1485 1732"> <p><b>Enroll Your Dependents</b></p> <p>The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the <b>Enroll</b> box next to the dependent's name.</p> <table border="1"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> <p><b>Add/Review Dependents</b></p> </div>	Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Eugene Wrayburn	Spouse	<input type="checkbox"/>	Pleasant Wrayburn	Child
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<input type="checkbox"/>	Pleasant Wrayburn	Child								

Processing Steps	Screen Shots																														
<p><b>Step 1b:</b> A list of your dependents appears. Click on a dependent's name to view their personal information.</p>	<div data-bbox="586 275 1479 611"> <h3>Enrollment Dependent/Beneficiary Summary</h3> <p>Lizzie Wrayburn</p> <p>The people listed below may be eligible for Benefit Coverage. To add a new dependent, click "Add a dependent or beneficiary". To update an existing dependent, contact Benefits at 657-278-2425 or <a href="mailto:benefits@exchange.fullerton.edu">benefits@exchange.fullerton.edu</a>.  <a href="#">Add a dependent or beneficiary</a></p> <table border="1"> <thead> <tr> <th colspan="7">Dependent Information</th> </tr> <tr> <th>Name</th> <th>Relationship to Employee</th> <th>Date of Birth</th> <th>Marital Status</th> <th>Marital Status Date</th> <th>Student</th> <th>Disabled</th> </tr> </thead> <tbody> <tr> <td><a href="#">Eugene Wrayburn</a></td> <td>Spouse</td> <td>08/27/1953</td> <td>Married</td> <td>09/17/1983</td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td><a href="#">John Wrayburn</a></td> <td>Child</td> <td>10/10/1984</td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> </div>	Dependent Information							Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	<a href="#">Eugene Wrayburn</a>	Spouse	08/27/1953	Married	09/17/1983	No	<input type="checkbox"/>	<a href="#">John Wrayburn</a>	Child	10/10/1984	Single		No	<input type="checkbox"/>		
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<p><b>Step 1c:</b> In this example, the dependent is not eligible for benefits as the child is too old to be covered by their parent's benefits.</p> <p>Select <b>Return to Dependent/Beneficiary Summary</b>.</p>	<div data-bbox="586 705 1455 1703"> <h3>Dependent/Beneficiary Personal Information</h3> <p>Lizzie Wrayburn</p> <p>Dependent/Beneficiary's personal information as of Jan 1, 2014. To update their information, go to eBenefits Life Events or contact Benefits at 657-278-2425 or <a href="mailto:benefits@fullerton.edu">benefits@fullerton.edu</a>.</p> <table border="1"> <thead> <tr> <th colspan="2">Personal Information</th> </tr> </thead> <tbody> <tr> <td>First Name:</td> <td>John</td> </tr> <tr> <td>Middle Name:</td> <td></td> </tr> <tr> <td>Last Name:</td> <td>Wrayburn</td> </tr> <tr> <td>Name Prefix:</td> <td></td> </tr> <tr> <td>Name Suffix:</td> <td></td> </tr> <tr> <td>Gender:</td> <td>Male</td> </tr> <tr> <td>Date of Birth:</td> <td>10/10/1984</td> </tr> <tr> <td>Relationship to Employee:</td> <td>Child</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">Address and Telephone</th> </tr> </thead> <tbody> <tr> <td colspan="2"><input checked="" type="checkbox"/> Same Address as Employee</td> </tr> <tr> <td>Country:</td> <td>United States</td> </tr> <tr> <td>Address:</td> <td>5539 Samantha Ave Lakewood, CA 90712</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Same Phone as Employee</td> </tr> <tr> <td>Phone:</td> <td>0</td> </tr> </tbody> </table> <p><a href="#">Return to Dependent/Beneficiary Summary</a></p> </div>	Personal Information		First Name:	John	Middle Name:		Last Name:	Wrayburn	Name Prefix:		Name Suffix:		Gender:	Male	Date of Birth:	10/10/1984	Relationship to Employee:	Child	Address and Telephone		<input checked="" type="checkbox"/> Same Address as Employee		Country:	United States	Address:	5539 Samantha Ave Lakewood, CA 90712	<input type="checkbox"/> Same Phone as Employee		Phone:	0
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<p><b><u>Adding a New Dependent</u></b></p> <p><b>Step 1:</b> To add a new dependent, click <b>Add/Review Dependents</b>.</p>	<div data-bbox="586 275 1468 737"> <p><b>Enroll Your Dependents</b></p> <p>The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the <b>Enroll</b> box next to the dependent's name.</p> <table border="1" data-bbox="607 495 1432 604"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> <p><b>Add/Review Dependents</b></p> </div>	Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Eugene Wrayburn	Spouse	<input type="checkbox"/>	Pleasant Wrayburn	Child																			
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<p><b>Step 2:</b> Select <b>Add a dependent or beneficiary</b>.</p>	<div data-bbox="586 827 1468 1163"> <p><b>Enrollment Dependent/Beneficiary Summary</b></p> <p>Lizzie Wrayburn</p> <p>The people listed below may be eligible for Benefit Coverage. To add a new dependent, click "Add a dependent or beneficiary". To update an existing dependent, contact Benefits at 657-278-2425 or benefits@exchange.fullerton.edu.</p> <p><b>Add a dependent or beneficiary</b></p> <table border="1" data-bbox="591 1024 1440 1163"> <thead> <tr> <th colspan="7">Dependent Information</th> </tr> <tr> <th>Name</th> <th>Relationship to Employee</th> <th>Date of Birth</th> <th>Marital Status</th> <th>Marital Status Date</th> <th>Student</th> <th>Disabled</th> </tr> </thead> <tbody> <tr> <td><a href="#">Eugene Wrayburn</a></td> <td>Spouse</td> <td>08/27/1953</td> <td>Married</td> <td>09/17/1983</td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td><a href="#">John Wrayburn</a></td> <td>Child</td> <td>10/10/1984</td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> </div>	Dependent Information							Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	<a href="#">Eugene Wrayburn</a>	Spouse	08/27/1953	Married	09/17/1983	No	<input type="checkbox"/>	<a href="#">John Wrayburn</a>	Child	10/10/1984	Single		No	<input type="checkbox"/>
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<p><b>Step 3:</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>	<div data-bbox="586 1255 1443 1835"> <p><b>Dependent/Beneficiary Personal Information</b></p> <p>Lizzie Wrayburn</p> <p>Dependent/Beneficiary's personal information as of Jan 1, 2014. To update their information, go to eBenefits Life Events or contact Benefits at 657-278-2425 or benefits@fullerton.edu.</p> <p><b>Personal Information</b></p> <p>*First Name: <input type="text" value="Jenny"/></p> <p>Middle Name: <input type="text"/></p> <p>*Last Name: <input type="text" value="Wrayburn"/></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="07/31/2013"/> </p> <p>SSN: <input type="text"/> (Social Security Number)</p> <p>*Relationship to Employee: <input type="text" value="Child"/></p> </div>																												

Processing Steps	Screen Shots
<p><b>Step 4:</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>Address and Telephone</b></p> <p><input checked="" type="checkbox"/> <b>Same Address as Employee</b></p> <p><b>Country:</b> United States</p> <p><b>Address:</b> 800 N. State College Blvd Fullerton, CA 92831</p> <p><input type="checkbox"/> <b>Same Phone as Employee</b></p> <p>Phone: 714/555-1212</p> <p>* Required Field</p> <p><b>Save</b></p>
<p><b>Step 5:</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>Personal Information</b></p> <p><b>Save Confirmation</b></p> <p> The Save was successful.</p> <p><b>OK</b></p>
<p><b>Step 6:</b> The new dependent's information appears. Scroll down and select <b>Return to Dependent/Beneficiary Summary</b>.</p>	 <p><input type="checkbox"/> <b>Same Phone as Employee</b></p> <p>Phone: 714/555-1212</p> <p><a href="#">Return to Dependent/Beneficiary Summary</a></p>

Processing Steps	Screen Shots																																										
<p><b>Step 7:</b> The new dependent appears in the Dependent Information table.</p> <p>Select <b>Return to Event Selection</b>.</p>	<div data-bbox="586 275 1468 892"> <h3>Enrollment Dependent/Beneficiary Summary</h3> <p>Lizzie Wrayburn</p> <p>The people listed below may be eligible for Benefit Coverage. To add a new dependent, click "Add a dependent or beneficiary". To update an existing dependent, contact Benefits at 657-278-2425 or benefits@exchange.fullerton.edu.</p> <p><a href="#">Add a dependent or beneficiary</a></p> <table border="1"> <thead> <tr> <th colspan="7">Dependent Information</th> </tr> <tr> <th>Name</th> <th>Relationship to Employee</th> <th>Date of Birth</th> <th>Marital Status</th> <th>Marital Status Date</th> <th>Student</th> <th>Disabled</th> </tr> </thead> <tbody> <tr> <td><a href="#">Eugene Wrayburn</a></td> <td>Spouse</td> <td>08/27/1953</td> <td>Married</td> <td>09/17/1983</td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td><a href="#">John Wrayburn</a></td> <td>Child</td> <td>10/10/1984</td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td><a href="#">Jenny Wrayburn</a></td> <td>Child</td> <td>07/31/2013</td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td><a href="#">Pleasant Wrayburn</a></td> <td>Child</td> <td>04/02/2000</td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p><a href="#">Return to Event Selection</a></p> </div>	Dependent Information							Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	<a href="#">Eugene Wrayburn</a>	Spouse	08/27/1953	Married	09/17/1983	No	<input type="checkbox"/>	<a href="#">John Wrayburn</a>	Child	10/10/1984	Single		No	<input type="checkbox"/>	<a href="#">Jenny Wrayburn</a>	Child	07/31/2013	Single		No	<input type="checkbox"/>	<a href="#">Pleasant Wrayburn</a>	Child	04/02/2000	Single		No	<input type="checkbox"/>
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<p><b>Step 8:</b> The new dependent now appears in the Enroll Your Dependents section.</p> <p>Place a check mark next to the dependent's name in the Enroll column to enroll them in the benefit.</p>	<div data-bbox="586 989 1468 1398"> <h3>Enroll Your Dependents</h3> <p>The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the <b>Enroll</b> box next to the dependent's name.</p> <table border="1"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jenny Wrayburn</td> <td>Child</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> </div>	Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Eugene Wrayburn	Spouse	<input type="checkbox"/>	Jenny Wrayburn	Child	<input type="checkbox"/>	Pleasant Wrayburn	Child																														
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<p><b>Saving Your Dental Coverage Changes</b></p> <p><b>Step 1:</b> Once you have made the changes to your dental coverage, click <b>Continue</b> at the bottom of the page.</p>	<div data-bbox="597 239 1344 275"> <p><b>Benefits Enrollment</b></p> </div> <div data-bbox="597 281 1344 317"> <p><b>Dental</b></p> </div> <div data-bbox="597 323 1344 350"> <p>Lizzie Wrayburn</p> </div> <div data-bbox="597 361 1344 411"> <p>Dental coverage allows you and your dependents to have routine cleaning visits and receive services such as the installation of fillings and crowns.</p> </div> <div data-bbox="597 426 1344 476"> <p><b>i</b> Important! Your current coverage is: Delta Enhanced II with Employee + Child(ren) coverage. Coverage for this plan will be waived if you do not make an election.</p> </div> <div data-bbox="597 491 1344 518"> <p>Select an Option</p> </div> <div data-bbox="597 529 1344 573"> <p>Here Are Your Available Options With Your per-pay-period Costs: (Your cost = Full benefit cost - Credits)</p> </div> <div data-bbox="597 590 1344 615"> <p><a href="#">Overview of all Plans</a></p> </div> <div data-bbox="597 632 1344 657"> <p>Select one of the following plans:</p> </div> <div data-bbox="597 701 1344 737"> <p><input type="radio"/> <a href="#">Delta Enhanced II</a></p> </div> <div data-bbox="597 764 1344 877"> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Employee + 1</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Employee+Dependents</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> </tbody> </table> </div> <div data-bbox="597 911 1344 947"> <p><input checked="" type="radio"/> <a href="#">DeltaCare USA - Enhanced</a></p> </div> <div data-bbox="597 974 1344 1087"> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Employee + 1</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Employee+Dependents</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> </tbody> </table> </div> <div data-bbox="597 1121 1344 1157"> <p><input type="radio"/> Waive</p> </div> <div data-bbox="597 1163 1344 1224"> <p>Employees who have non-CSU Dental coverage can elect to participate in the <a href="#">FlexCash Plan</a> to obtain cash in lieu of CSU coverage. The money is taxed. Please contact Benefits at 657-278-2425 for more information.</p> </div> <div data-bbox="597 1255 1344 1283"> <p><b>Enroll Your Dependents</b></p> </div> <div data-bbox="597 1283 1344 1344"> <p>The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click <a href="#">Add/Review Dependents</a> to determine why they are not eligible. You may also use this button to add new dependents to your list.</p> </div> <div data-bbox="597 1360 1344 1407"> <p>You may enroll any of the following individuals for coverage under this plan by checking the <b>Enroll</b> box next to the dependent's name.</p> </div> <div data-bbox="597 1430 1344 1556"> <table border="1"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Jenny Wrayburn</td> <td>Child</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> </div> <div data-bbox="597 1612 1344 1640"> <p><a href="#">Add/Review Dependents</a></p> </div> <div data-bbox="597 1780 1344 1833"> <p><b>Continue</b> Click <b>Continue</b> to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.</p> </div> <div data-bbox="597 1860 1344 1892"> <p><b>Cancel</b> Click <b>Cancel</b> to ignore all entries made on this page and return to the Enrollment Summary.</p> </div>	Coverage Level	Costs	Credits	Your Costs	Tax Class	Employee Only	\$0.00	\$0.00	\$0.00		Employee + 1	\$0.00	\$0.00	\$0.00		Employee+Dependents	\$0.00	\$0.00	\$0.00		Coverage Level	Costs	Credits	Your Costs	Tax Class	Employee Only	\$0.00	\$0.00	\$0.00		Employee + 1	\$0.00	\$0.00	\$0.00		Employee+Dependents	\$0.00	\$0.00	\$0.00		Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Eugene Wrayburn	Spouse	<input checked="" type="checkbox"/>	Jenny Wrayburn	Child	<input checked="" type="checkbox"/>	Pleasant Wrayburn	Child
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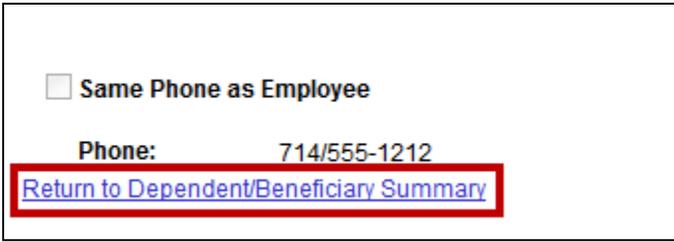
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<p><b>Step 2:</b> You will see a page detailing the dental coverage changes you entered.</p> <p>Review the information carefully.</p> <p>To save these changes, click <b>OK</b>.</p> <p> These changes will not be finalized until you submit all of your Open Enrollment changes. See the <a href="#">Submitting Open Enrollment Changes</a> section on page 49.</p>	<div data-bbox="586 268 1485 1360"> <p><b>Benefits Enrollment</b></p> <p><b>Dental</b></p> <p>Lizzie Wrayburn</p> <p><b>i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</b></p> <p><b>Your Choice</b></p> <p>You have chosen DeltaCare USA - Enhanced with Employee+Dependents coverage. You are also covering Employee+Dependents.</p> <p><b>Your Estimated annual Cost</b></p> <table border="1" data-bbox="837 678 1346 764"> <tr> <td>Full Cost:</td> <td>\$0.00</td> </tr> <tr> <td>Credits:</td> <td>\$0.00</td> </tr> </table> <p><b>Your Cost: \$0.00</b></p> <p><b>Your Covered Dependents</b></p> <table border="1" data-bbox="630 915 1417 1041"> <thead> <tr> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td>Jenny Wrayburn</td> <td>Child</td> </tr> <tr> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> <p><b>Notes</b></p> <p>Once submitted, this choice will take effect on 01/01/2014. Deductions and/or Credits for this choice will start with the pay period beginning 01/01/2014.</p> <p><b>OK</b> Click <b>OK</b> to store your choices.</p> <p><b>Edit</b> Click <b>Edit</b> to go back and change your choices.</p> </div>	Full Cost:	\$0.00	Credits:	\$0.00	Name	Relationship	Eugene Wrayburn	Spouse	Jenny Wrayburn	Child	Pleasant Wrayburn	Child						
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<p><b>Step 3:</b> The Dental section of the Open Enrollment page now shows your new selection.</p>	<table border="1" data-bbox="586 1444 1485 1570"> <thead> <tr> <th>Edit</th> <th>Dental</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td></td> <td>Current: Delta Enhanced II:Empl+1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>New: DeltaCare USA - Enhanced:Empl+Deps</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> </tbody> </table>	Edit	Dental	Full Cost	Credits	Before Tax	After Tax		Current: Delta Enhanced II:Empl+1						New: DeltaCare USA - Enhanced:Empl+Deps	0.00	0.00		
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<p><b>Making Changes to Vision Coverage</b></p> <p>To change your vision coverage during Open Enrollment, follow the steps in the <a href="#">Navigating to Open Enrollment</a> section on page 2. Then follow the steps below.</p> <p><b>Step 1:</b> To make a change to your vision coverage, click <b>Edit</b> in the <b>Vision</b> section.</p>	<p><b>Benefits Enrollment</b></p> <p><b>Open Enrollment</b></p> <p>Lizzie Wrayburn</p> <p>Open enrollment is your annual opportunity to modify your benefit choices. To continue participating in the Flexible Spending Accounts or the Vacation Buy and Sell program next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary.</p> <p><b>i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</b></p> <p><b>Enrollment Summary</b></p> <table border="1"> <thead> <tr> <th></th> <th>Medical</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Current:</td> <td>Kaiser Foundation:Empl+Deps</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New:</td> <td>Kaiser PERMANENTE CALIFORNIA:Empl+Deps</td> <td>161.19</td> <td>0.00</td> <td>161.19</td> <td></td> </tr> <tr> <th></th> <th>Dental</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> <tr> <td>Current:</td> <td>Delta Enhanced II:Emp+Child</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New:</td> <td>DeltaCare USA - Enhanced:Empl+Deps</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> <tr> <th></th> <th>Vision</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> <tr> <td>Current:</td> <td>Vision Service Plan:Empl+Deps</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New:</td> <td>Vision Service Plan:Empl+Deps</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> </tbody> </table>		Medical	Full Cost	Credits	Before Tax	After Tax	Current:	Kaiser Foundation:Empl+Deps					New:	Kaiser PERMANENTE CALIFORNIA:Empl+Deps	161.19	0.00	161.19			Dental	Full Cost	Credits	Before Tax	After Tax	Current:	Delta Enhanced II:Emp+Child					New:	DeltaCare USA - Enhanced:Empl+Deps	0.00	0.00				Vision	Full Cost	Credits	Before Tax	After Tax	Current:	Vision Service Plan:Empl+Deps					New:	Vision Service Plan:Empl+Deps	0.00	0.00		
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<p><b>Changing Your Vision Plan</b></p> <p>There is only one vision plan available to CSUF employees: Vision Service Plan (VSP). You cannot select a different vision plan.</p> <p>However, you can click on the <b>Overview of All Plans</b> link or the <b>Vision Service Plan</b> link to learn more about the VSP plan.</p>	<p><b>Benefits Enrollment</b></p> <p><b>Vision</b></p> <p>Lizzie Wrayburn</p> <p>Vision coverage allows you and your dependents to see an ophthalmologist, optometrist, or optician to assist you with your eyecare needs.</p> <p><b>i Important! Your current coverage is: Vision Service Plan with Employee or Employee &amp; Deps coverage. You will continue with this coverage if you do not make a choice.</b></p> <p><b>Select an Option</b></p> <p>Here Are Your Available Options With Your per-pay-period Costs: (Your cost = Full benefit cost - Credits)</p> <p><a href="#">Overview of all Plans</a> ←</p> <p>Select one of the following plans:</p> <p><input checked="" type="radio"/> <a href="#">Vision Service Plan</a> ←</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Empl.or Empl.&amp; Deps</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> </tbody> </table>	Coverage Level	Costs	Credits	Your Costs	Tax Class	Empl.or Empl.& Deps	\$0.00	\$0.00	\$0.00																																													
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<p><b>Add or Remove Dental Coverage for Dependents</b></p> <p>You may add or remove vision coverage for a dependent during Open Enrollment.</p> <p><b>Step 1:</b> At the bottom of the Vision Benefits Enrollment page, your current dependent coverage is shown as well as a list of other dependents that are eligible for the benefit.</p> <p>To <b>add</b> vision coverage for a dependent, place a check mark in the Enroll column next to their name.</p> <p>To <b>remove</b> vision coverage for a dependent, un-check the box in the Enroll column next to their name.</p>  <p>If you have no other changes to your dependent coverage, skip <a href="#">Saving Your Vision Coverage Changes</a> on page 29.</p>	<div data-bbox="586 275 1485 745"> <p><b>Enroll Your Dependents</b></p> <p>The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the <b>Enroll</b> box next to the dependent's name.</p> <table border="1"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> <p><b>Add/Review Dependents</b></p> </div>	Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Eugene Wrayburn	Spouse	<input type="checkbox"/>	Pleasant Wrayburn	Child
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<p><b>Step 1a:</b> If a dependent does not appear on the list, click <b>Add/Review Dependents</b> to determine why the dependent is not eligible.</p>	<div data-bbox="586 1262 1485 1732"> <p><b>Enroll Your Dependents</b></p> <p>The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the <b>Enroll</b> box next to the dependent's name.</p> <table border="1"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> <p><b>Add/Review Dependents</b></p> </div>	Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Eugene Wrayburn	Spouse	<input type="checkbox"/>	Pleasant Wrayburn	Child
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<p><b>Step 1b:</b> A list of your dependents appears. Click on a dependent's name to view their personal information.</p>	<div data-bbox="586 275 1479 611"> <h3>Enrollment Dependent/Beneficiary Summary</h3> <p>Lizzie Wrayburn</p> <p>The people listed below may be eligible for Benefit Coverage. To add a new dependent, click "Add a dependent or beneficiary". To update an existing dependent, contact Benefits at 657-278-2425 or <a href="mailto:benefits@exchange.fullerton.edu">benefits@exchange.fullerton.edu</a>.  <a href="#">Add a dependent or beneficiary</a></p> <table border="1"> <thead> <tr> <th colspan="7">Dependent Information</th> </tr> <tr> <th>Name</th> <th>Relationship to Employee</th> <th>Date of Birth</th> <th>Marital Status</th> <th>Marital Status Date</th> <th>Student</th> <th>Disabled</th> </tr> </thead> <tbody> <tr> <td><a href="#">Eugene Wrayburn</a></td> <td>Spouse</td> <td>08/27/1953</td> <td>Married</td> <td>09/17/1983</td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td><a href="#">John Wrayburn</a></td> <td>Child</td> <td>10/10/1984</td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> </div>	Dependent Information							Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	<a href="#">Eugene Wrayburn</a>	Spouse	08/27/1953	Married	09/17/1983	No	<input type="checkbox"/>	<a href="#">John Wrayburn</a>	Child	10/10/1984	Single		No	<input type="checkbox"/>		
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<p><b>Step 1c:</b> In this example, the dependent is not eligible for benefits as the child is too old to be covered by their parent's benefits.</p> <p>Select <b>Return to Dependent/Beneficiary Summary</b>.</p>	<div data-bbox="586 705 1479 1703"> <h3>Dependent/Beneficiary Personal Information</h3> <p>Lizzie Wrayburn</p> <p>Dependent/Beneficiary's personal information as of Jan 1, 2014. To update their information, go to eBenefits Life Events or contact Benefits at 657-278-2425 or <a href="mailto:benefits@fullerton.edu">benefits@fullerton.edu</a>.</p> <table border="1"> <thead> <tr> <th colspan="2">Personal Information</th> </tr> </thead> <tbody> <tr> <td>First Name:</td> <td>John</td> </tr> <tr> <td>Middle Name:</td> <td></td> </tr> <tr> <td>Last Name:</td> <td>Wrayburn</td> </tr> <tr> <td>Name Prefix:</td> <td></td> </tr> <tr> <td>Name Suffix:</td> <td></td> </tr> <tr> <td>Gender:</td> <td>Male</td> </tr> <tr> <td>Date of Birth:</td> <td>10/10/1984</td> </tr> <tr> <td>Relationship to Employee:</td> <td>Child</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">Address and Telephone</th> </tr> </thead> <tbody> <tr> <td colspan="2"><input checked="" type="checkbox"/> Same Address as Employee</td> </tr> <tr> <td>Country:</td> <td>United States</td> </tr> <tr> <td>Address:</td> <td>5539 Samantha Ave Lakewood, CA 90712</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Same Phone as Employee</td> </tr> <tr> <td>Phone:</td> <td>0</td> </tr> </tbody> </table> <p><a href="#">Return to Dependent/Beneficiary Summary</a></p> </div>	Personal Information		First Name:	John	Middle Name:		Last Name:	Wrayburn	Name Prefix:		Name Suffix:		Gender:	Male	Date of Birth:	10/10/1984	Relationship to Employee:	Child	Address and Telephone		<input checked="" type="checkbox"/> Same Address as Employee		Country:	United States	Address:	5539 Samantha Ave Lakewood, CA 90712	<input type="checkbox"/> Same Phone as Employee		Phone:	0
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<p><b><u>Adding a New Dependent</u></b></p> <p><b>Step 1:</b> To add a new dependent, click <b>Add/Review Dependents</b>.</p>	<div data-bbox="586 275 1468 737"> <p><b>Enroll Your Dependents</b></p> <p>The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the <b>Enroll</b> box next to the dependent's name.</p> <table border="1" data-bbox="607 495 1432 604"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> <p style="text-align: center;"><b>Add/Review Dependents</b></p> </div>	Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Eugene Wrayburn	Spouse	<input type="checkbox"/>	Pleasant Wrayburn	Child																			
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<p><b>Step 2:</b> Select <b>Add a dependent or beneficiary</b>.</p>	<div data-bbox="586 827 1468 1163"> <p><b>Enrollment Dependent/Beneficiary Summary</b></p> <p>Lizzie Wrayburn</p> <p>The people listed below may be eligible for Benefit Coverage. To add a new dependent, click "Add a dependent or beneficiary". To update an existing dependent, contact Benefits at 657-278-2425 or benefits@exchange.fullerton.edu.</p> <p><b>Add a dependent or beneficiary</b></p> <table border="1" data-bbox="591 1024 1440 1163"> <thead> <tr> <th colspan="7">Dependent Information</th> </tr> <tr> <th>Name</th> <th>Relationship to Employee</th> <th>Date of Birth</th> <th>Marital Status</th> <th>Marital Status Date</th> <th>Student</th> <th>Disabled</th> </tr> </thead> <tbody> <tr> <td><a href="#">Eugene Wrayburn</a></td> <td>Spouse</td> <td>08/27/1953</td> <td>Married</td> <td>09/17/1983</td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td><a href="#">John Wrayburn</a></td> <td>Child</td> <td>10/10/1984</td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> </div>	Dependent Information							Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	<a href="#">Eugene Wrayburn</a>	Spouse	08/27/1953	Married	09/17/1983	No	<input type="checkbox"/>	<a href="#">John Wrayburn</a>	Child	10/10/1984	Single		No	<input type="checkbox"/>
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<p><b>Step 3:</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>	<div data-bbox="586 1255 1443 1835"> <p><b>Dependent/Beneficiary Personal Information</b></p> <p>Lizzie Wrayburn</p> <p>Dependent/Beneficiary's personal information as of Jan 1, 2014. To update their information, go to eBenefits Life Events or contact Benefits at 657-278-2425 or benefits@fullerton.edu.</p> <p><b>Personal Information</b></p> <p>*First Name: <input type="text" value="Jenny"/></p> <p>Middle Name: <input type="text"/></p> <p>*Last Name: <input type="text" value="Wrayburn"/></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="07/31/2013"/> </p> <p>SSN: <input type="text"/> (Social Security Number)</p> <p>*Relationship to Employee: <input type="text" value="Child"/></p> </div>																												

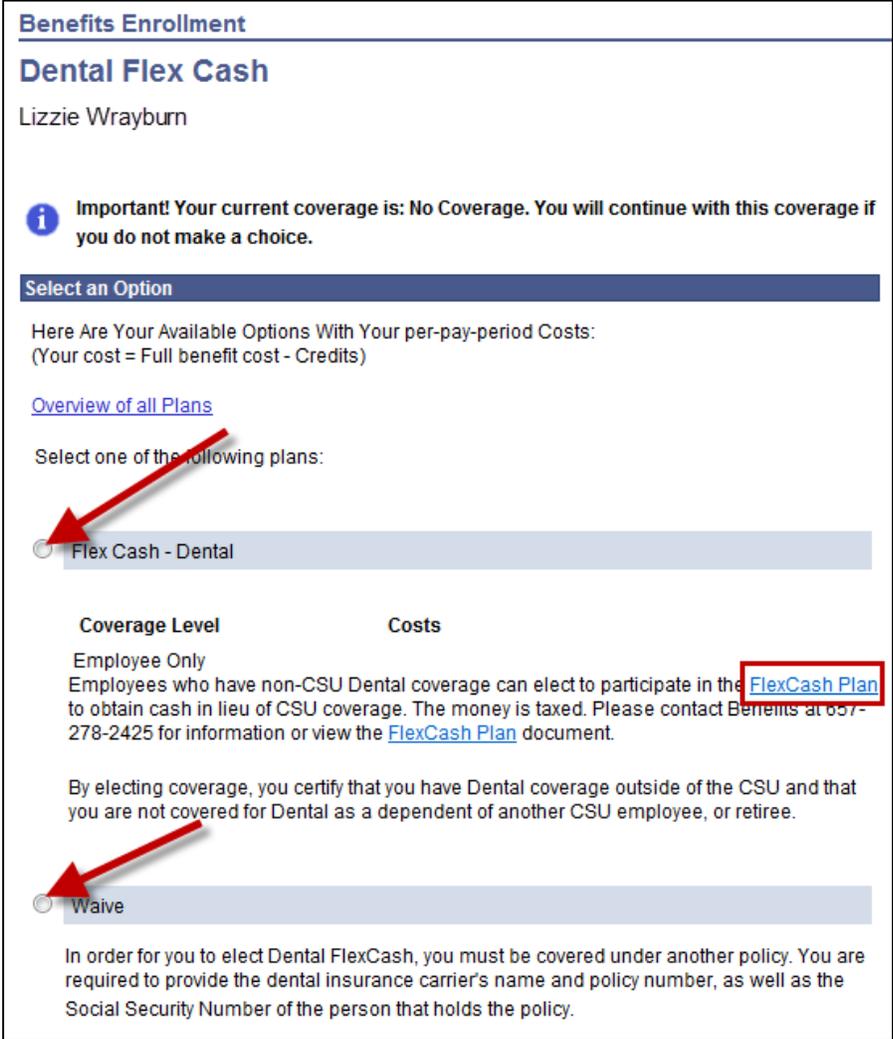
Processing Steps	Screen Shots
<p><b>Step 4:</b> Enter the address and phone number for the new dependent.</p> <p>If the address or phone is the same as yours, you can place a checkmark next to <i>Same Address as Employee</i> or <i>Same Phone as Employee</i>.</p> <p>Then click <b>Save</b>.</p>	 <p><b>Address and Telephone</b></p> <p><input checked="" type="checkbox"/> <b>Same Address as Employee</b></p> <p><b>Country:</b> United States</p> <p><b>Address:</b> 800 N. State College Blvd Fullerton, CA 92831</p> <p><input type="checkbox"/> <b>Same Phone as Employee</b></p> <p>Phone: 714/555-1212</p> <p>* Required Field</p> <p><b>Save</b></p>
<p><b>Step 5:</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>Personal Information</b></p> <p><b>Save Confirmation</b></p> <p><input checked="" type="checkbox"/> The Save was successful.</p> <p><b>OK</b></p>
<p><b>Step 6:</b> The new dependent's information appears. Scroll down and select <b>Return to Dependent/Beneficiary Summary</b>.</p>	 <p><input type="checkbox"/> <b>Same Phone as Employee</b></p> <p>Phone: 714/555-1212</p> <p><a href="#">Return to Dependent/Beneficiary Summary</a></p>

Processing Steps	Screen Shots																																										
<p><b>Step 7:</b> The new dependent appears in the Dependent Information table.</p> <p>Select <b>Return to Event Selection</b>.</p>	<div data-bbox="586 275 1468 892"> <h3>Enrollment Dependent/Beneficiary Summary</h3> <p>Lizzie Wrayburn</p> <p>The people listed below may be eligible for Benefit Coverage. To add a new dependent, click "Add a dependent or beneficiary". To update an existing dependent, contact Benefits at 657-278-2425 or benefits@exchange.fullerton.edu.</p> <p><a href="#">Add a dependent or beneficiary</a></p> <table border="1"> <thead> <tr> <th colspan="7">Dependent Information</th> </tr> <tr> <th>Name</th> <th>Relationship to Employee</th> <th>Date of Birth</th> <th>Marital Status</th> <th>Marital Status Date</th> <th>Student</th> <th>Disabled</th> </tr> </thead> <tbody> <tr> <td><a href="#">Eugene Wrayburn</a></td> <td>Spouse</td> <td>08/27/1953</td> <td>Married</td> <td>09/17/1983</td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td><a href="#">John Wrayburn</a></td> <td>Child</td> <td>10/10/1984</td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td><a href="#">Jenny Wrayburn</a></td> <td>Child</td> <td>07/31/2013</td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td><a href="#">Pleasant Wrayburn</a></td> <td>Child</td> <td>04/02/2000</td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p><a href="#">Return to Event Selection</a></p> </div>	Dependent Information							Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	<a href="#">Eugene Wrayburn</a>	Spouse	08/27/1953	Married	09/17/1983	No	<input type="checkbox"/>	<a href="#">John Wrayburn</a>	Child	10/10/1984	Single		No	<input type="checkbox"/>	<a href="#">Jenny Wrayburn</a>	Child	07/31/2013	Single		No	<input type="checkbox"/>	<a href="#">Pleasant Wrayburn</a>	Child	04/02/2000	Single		No	<input type="checkbox"/>
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<p><b>Step 8:</b> The new dependent now appears in the Enroll Your Dependents section.</p> <p>Place a check mark next to the dependent's name in the Enroll column to enroll them in the benefit.</p>	<div data-bbox="586 989 1468 1398"> <h3>Enroll Your Dependents</h3> <p>The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the <b>Enroll</b> box next to the dependent's name.</p> <table border="1"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Jenny Wrayburn</td> <td>Child</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> </div>	Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Eugene Wrayburn	Spouse	<input type="checkbox"/>	Jenny Wrayburn	Child	<input type="checkbox"/>	Pleasant Wrayburn	Child																														
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<p><b>Saving Your Vision Coverage Changes</b></p> <p><b>Step 1:</b> Once you have made the changes to your vision coverage, click <b>Continue</b> at the bottom of the page.</p>	<div data-bbox="609 275 1474 310" style="border: 1px solid black; padding: 5px;"> <p><b>Benefits Enrollment</b></p> <hr/> <p><b>Vision</b></p> <p>Lizzie Wrayburn</p> <p>Vision coverage allows you and your dependents to see an ophthalmologist, optometrist, or optician to assist you with your eyecare needs.</p> <p><b>i Important! Your current coverage is: Vision Service Plan with Employee or Employee &amp; Deps coverage. You will continue with this coverage if you do not make a choice.</b></p> <p><b>Select an Option</b></p> <p>Here Are Your Available Options With Your per-pay-period Costs: (Your cost = Full benefit cost - Credits)</p> <p><a href="#">Overview of all Plans</a></p> <p>Select one of the following plans:</p> <p><input checked="" type="radio"/> <a href="#">Vision Service Plan</a></p> <table border="1" data-bbox="662 898 1437 961"> <thead> <tr> <th>Coverage Level</th> <th>Costs</th> <th>Credits</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Empl.or Empl.&amp; Deps</td> <td>\$0.00</td> <td>\$0.00</td> <td>\$0.00</td> <td></td> </tr> </tbody> </table> <p><b>Enroll Your Dependents</b></p> <p>The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the <b>Enroll</b> box next to the dependent's name.</p> <table border="1" data-bbox="613 1262 1425 1402"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Jenny Wrayburn</td> <td>Child</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> <p><b>Add/Review Dependents</b></p> <p><b>Continue</b> Click <b>Continue</b> to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.</p> <p><b>Cancel</b> Click <b>Cancel</b> to ignore all entries made on this page and return to the Enrollment Summary.</p> </div>	Coverage Level	Costs	Credits	Your Costs	Tax Class	Empl.or Empl.& Deps	\$0.00	\$0.00	\$0.00		Enroll	Name	Relationship	<input checked="" type="checkbox"/>	Eugene Wrayburn	Spouse	<input checked="" type="checkbox"/>	Jenny Wrayburn	Child	<input checked="" type="checkbox"/>	Pleasant Wrayburn	Child
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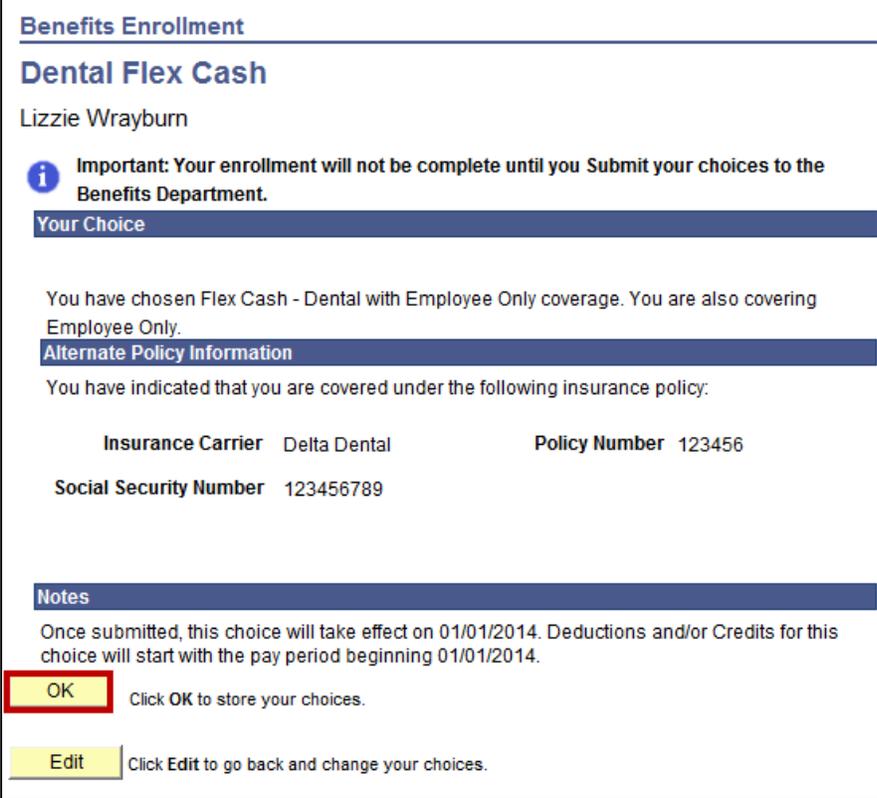
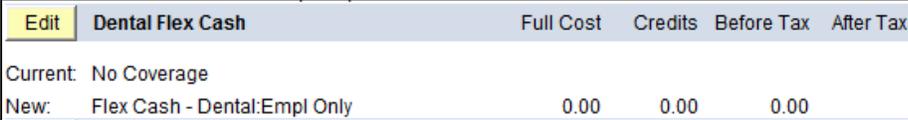
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<p><b>Step 2:</b> You will see a page detailing the vision coverage changes you entered.</p> <p>Review the information carefully.</p> <p>To save these changes, click <b>OK</b>.</p> <p> These changes will not be finalized until you submit all of your Open Enrollment changes. See the <a href="#">Submitting Open Enrollment Changes</a> section on page 49.</p>	<div data-bbox="586 275 1474 1341"> <p><b>Benefits Enrollment</b></p> <p><b>Vision</b></p> <p>Lizzie Wrayburn</p> <p><b>i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</b></p> <p><b>Your Choice</b></p> <p>You have chosen Vision Service Plan with Empl.or Empl.&amp; Deps coverage. You are also covering Empl.or Empl.&amp; Deps.</p> <p><b>Your Estimated annual Cost</b></p> <table border="1" data-bbox="846 680 1351 768"> <tr> <td>Full Cost:</td> <td>\$0.00</td> </tr> <tr> <td>Credits:</td> <td>\$0.00</td> </tr> </table> <p><b>Your Cost: \$0.00</b></p> <p><b>Your Covered Dependents</b></p> <table border="1" data-bbox="618 919 1422 1062"> <thead> <tr> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td>Eugene Wrayburn</td> <td>Spouse</td> </tr> <tr> <td>Jenny Wrayburn</td> <td>Child</td> </tr> <tr> <td>Pleasant Wrayburn</td> <td>Child</td> </tr> </tbody> </table> <p><b>Notes</b></p> <p>Once submitted, this choice will take effect on 01/01/2014. Deductions and/or Credits for this choice will start with the pay period beginning 01/01/2014.</p> <p><b>OK</b> Click OK to store your choices.</p> <p><b>Edit</b> Click Edit to go back and change your choices.</p> </div>	Full Cost:	\$0.00	Credits:	\$0.00	Name	Relationship	Eugene Wrayburn	Spouse	Jenny Wrayburn	Child	Pleasant Wrayburn	Child						
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<p><b>Step 3:</b> As there is only one option for Vision coverage, the Vision section of the Open Enrollment page will show the same value in the Current field as in the New field.</p>	<table border="1" data-bbox="586 1434 1474 1549"> <thead> <tr> <th>Edit</th> <th>Vision</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Current:</td> <td>Vision Service Plan:Emp+Deps</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New:</td> <td>Vision Service Plan:Emp+Deps</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> </tbody> </table>	Edit	Vision	Full Cost	Credits	Before Tax	After Tax	Current:	Vision Service Plan:Emp+Deps					New:	Vision Service Plan:Emp+Deps	0.00	0.00		
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<p><b>Making Changes to Dental Flex Cash</b></p> <p>To change your dental flex cash coverage during Open Enrollment, follow the steps in the <a href="#">Navigating to Open Enrollment</a> section on page 2. Then follow the steps below.</p> <p><b>Step 1:</b> To make a change to your dental flex cash coverage, click <b>Edit</b> in the <b>Dental Flex Cash</b> section.</p> <p> If you are enrolling in dental flex cash for the first time, ensure that your <b>Dental</b> selection is set to Waived.</p>	<p><b>Benefits Enrollment</b></p> <p><b>Open Enrollment</b></p> <p>Lizzie Wrayburn</p> <p>Open enrollment is your annual opportunity to modify your benefit choices. To continue participating in the Flexible Spending Accounts or the Vacation Buy and Sell program next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary.</p> <p><b>i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</b></p> <p><b>Enrollment Summary</b></p> <table border="1"> <thead> <tr> <th></th> <th>Medical</th> <th>Dental</th> <th>Vision</th> <th>Dental Flex Cash</th> <th>No Coverage</th> </tr> <tr> <th></th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> <th></th> </tr> </thead> <tbody> <tr> <td>Current:</td> <td colspan="5">Kaiser Foundation:Empl+Deps</td> </tr> <tr> <td>New:</td> <td>161.19</td> <td>0.00</td> <td>161.19</td> <td></td> <td></td> </tr> <tr> <td>Current:</td> <td colspan="5">Delta Enhanced II:Emp+Child</td> </tr> <tr> <td>New:</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Current:</td> <td colspan="5">Vision Service Plan:Emp+Deps</td> </tr> <tr> <td>New:</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Current:</td> <td colspan="5">No Coverage</td> </tr> <tr> <td>New:</td> <td colspan="5">No Coverage</td> </tr> </tbody> </table>		Medical	Dental	Vision	Dental Flex Cash	No Coverage		Full Cost	Credits	Before Tax	After Tax		Current:	Kaiser Foundation:Empl+Deps					New:	161.19	0.00	161.19			Current:	Delta Enhanced II:Emp+Child					New:	0.00	0.00				Current:	Vision Service Plan:Emp+Deps					New:	0.00	0.00				Current:	No Coverage					New:	No Coverage				
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<p><b>Changing Your Dental Flex Cash Option</b></p> <p><b>Step 1:</b> Select one of the following options:</p> <ul style="list-style-type: none"><li>• <b>Flex Cash – Dental:</b> select this option if you wish to enroll in a dental flex cash plan.</li><li>• <b>Waive:</b> select this option to cancel your dental flex cash plan.</li></ul> <p> Select the <b>FlexCash Plan</b> links to learn more about the FlexCash plan, including information on eligibility.</p>	 <p><b>Benefits Enrollment</b></p> <h3>Dental Flex Cash</h3> <p>Lizzie Wrayburn</p> <p><b>i Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.</b></p> <p><b>Select an Option</b></p> <p>Here Are Your Available Options With Your per-pay-period Costs: (Your cost = Full benefit cost - Credits)</p> <p><a href="#">Overview of all Plans</a></p> <p>Select one of the following plans:</p> <p><input type="radio"/> Flex Cash - Dental</p> <table border="1"><thead><tr><th>Coverage Level</th><th>Costs</th></tr></thead><tbody><tr><td>Employee Only</td><td>Employees who have non-CSU Dental coverage can elect to participate in the <b>FlexCash Plan</b> to obtain cash in lieu of CSU coverage. The money is taxed. Please contact Benefits at 657-278-2425 for information or view the <a href="#">FlexCash Plan</a> document.</td></tr></tbody></table> <p>By electing coverage, you certify that you have Dental coverage outside of the CSU and that you are not covered for Dental as a dependent of another CSU employee, or retiree.</p> <p><input type="radio"/> Waive</p> <p>In order for you to elect Dental FlexCash, you must be covered under another policy. You are required to provide the dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.</p>	Coverage Level	Costs	Employee Only	Employees who have non-CSU Dental coverage can elect to participate in the <b>FlexCash Plan</b> to obtain cash in lieu of CSU coverage. The money is taxed. Please contact Benefits at 657-278-2425 for information or view the <a href="#">FlexCash Plan</a> document.
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Processing Steps	Screen Shots
<p><b>Step 1a:</b> If you choose to enroll in a Dental FlexCash plan, 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>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> <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> </ul>	<div data-bbox="586 275 1468 548" style="border: 1px solid black; padding: 10px;"> <p><b>Groupbox</b></p> <p><b>Alternate Policy Information</b></p> <p>In order for you to elect Dental FlexCash, you must be covered under another policy. You are required to provide the dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.</p> <p><b>Insurance Carrier</b> <input type="text" value="Delta Dental"/>      <b>Policy Number</b> <input type="text" value="123456"/></p> <p><b>Social Security Number</b> <input type="text" value="123456789"/></p> </div>

Processing Steps	Screen Shots
<p><b>Saving Your Dental FlexCash Changes</b></p> <p><b>Step 1:</b> Once you have made the changes to your dental flexcash coverage, click <b>Continue</b> at the bottom of the page.</p>	<div data-bbox="586 268 1477 1780"> <p><b>Benefits Enrollment</b></p> <p><b>Dental Flex Cash</b></p> <p>Lizzie Wrayburn</p> <p><b>i Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.</b></p> <p><b>Select an Option</b></p> <p>Here Are Your Available Options With Your per-pay-period Costs: (Your cost = Full benefit cost - Credits)</p> <p><a href="#">Overview of all Plans</a></p> <p>Select one of the following plans:</p> <p><input checked="" type="radio"/> Flex Cash - Dental</p> <p><b>Coverage Level</b>                      <b>Costs</b></p> <p>Employee Only Employees who have non-CSU Dental coverage can elect to participate in the <a href="#">FlexCash Plan</a> to obtain cash in lieu of CSU coverage. The money is taxed. Please contact Benefits at 657-278-2425 for information or view the <a href="#">FlexCash Plan</a> document.</p> <p>By electing coverage, you certify that you have Dental coverage outside of the CSU and that you are not covered for Dental as a dependent of another CSU employee, or retiree.</p> <p><input type="radio"/> Waive</p> <p>In order for you to elect Dental FlexCash, you must be covered under another policy. You are required to provide the dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.</p> <p><b>Groupbox</b></p> <p><b>Alternate Policy Information</b></p> <p>In order for you to elect Dental FlexCash, you must be covered under another policy. You are required to provide the dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.</p> <p><b>Insurance Carrier</b> <input type="text" value="Delta Dental"/>                      <b>Policy Number</b> <input type="text" value="123456"/></p> <p><b>Social Security Number</b> <input type="text" value="123456789"/></p> <p><b>Continue</b> Click <b>Continue</b> to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.</p> <p><b>Cancel</b> Click <b>Cancel</b> to ignore all entries made on this page and return to the Enrollment Summary.</p> </div>

Processing Steps	Screen Shots															
<p><b>Step 2:</b> You will see a page detailing the dental flexcash coverage changes you entered.</p> <p>Review the information carefully.</p> <p>To save these changes, click <b>OK</b>.</p> <p> These changes will not be finalized until you submit all of your Open Enrollment changes. See the <a href="#">Submitting Open Enrollment Changes</a> section on page 49.</p>	 <p>The screenshot shows the 'Benefits Enrollment' page for 'Dental Flex Cash' for Lizzie Wrayburn. It includes an important notice: 'Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.' Below this, it shows the chosen option: 'Flex Cash - Dental with Employee Only coverage'. It also displays alternate policy information: 'Insurance Carrier: Delta Dental, Policy Number: 123456, Social Security Number: 123456789'. At the bottom, there are 'OK' and 'Edit' buttons. The 'OK' button is highlighted with a red box.</p>															
<p><b>Step 3:</b> The Dental Flex Cash section of the Open Enrollment page now shows your new selection.</p>	 <p>The screenshot shows a summary table for 'Dental Flex Cash' with columns for 'Full Cost', 'Credits', 'Before Tax', and 'After Tax'. The current selection is 'No Coverage' and the new selection is 'Flex Cash - Dental:Empl Only'.</p> <table border="1"> <thead> <tr> <th></th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Current: No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: Flex Cash - Dental:Empl Only</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> </tr> </tbody> </table>		Full Cost	Credits	Before Tax	After Tax	Current: No Coverage					New: Flex Cash - Dental:Empl Only	0.00	0.00	0.00	
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<p><b>Making Changes to Medical Flex Cash</b></p> <p>To change your medical flex cash coverage during Open Enrollment, follow the steps in the <a href="#">Navigating to Open Enrollment</a> section on page 2. Then follow the steps below.</p> <p><b>Step 1:</b> To make a change to your dental flex cash coverage, click <b>Edit</b> in the <b>Medical Flex Cash</b> section.</p> <p> If you are enrolling in medical flex cash for the first time, ensure that your <b>Medical</b> selection is set to Waived.</p>	<div data-bbox="586 275 1459 317"> <p><b>Benefits Enrollment</b></p> </div> <div data-bbox="586 327 1459 369"> <p><b>Open Enrollment</b></p> </div> <div data-bbox="586 380 1459 516"> <p>Lizzie Wrayburn</p> <p>Open enrollment is your annual opportunity to modify your benefit choices. To continue participating in the Flexible Spending Accounts or the Vacation Buy and Sell program next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary.</p> </div> <div data-bbox="586 537 1459 590"> <p> <b>Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</b></p> </div> <div data-bbox="586 642 1459 674"> <p><b>Enrollment Summary</b></p> </div> <table border="1" data-bbox="586 684 1459 1220"> <thead> <tr> <th></th> <th>Medical</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Current:</td> <td>No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New:</td> <td>Waive</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> <tr> <td><b>Edit</b></td> <td><b>Dental</b></td> <td>Full Cost</td> <td>Credits</td> <td>Before Tax</td> <td>After Tax</td> </tr> <tr> <td>Current:</td> <td>Delta Enhanced II:Empl+1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New:</td> <td>Waive</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> <tr> <td><b>Edit</b></td> <td><b>Vision</b></td> <td>Full Cost</td> <td>Credits</td> <td>Before Tax</td> <td>After Tax</td> </tr> <tr> <td>Current:</td> <td>Vision Service Plan:Emp+Deps</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New:</td> <td>Vision Service Plan:Emp+Deps</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> <tr> <td><b>Edit</b></td> <td><b>Dental Flex Cash</b></td> <td>Full Cost</td> <td>Credits</td> <td>Before Tax</td> <td>After Tax</td> </tr> <tr> <td>Current:</td> <td>No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New:</td> <td>Flex Cash - Dental:Empl Only</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> </tr> <tr> <td><b>Edit</b></td> <td><b>Medical Flex Cash</b></td> <td>Full Cost</td> <td>Credits</td> <td>Before Tax</td> <td>After Tax</td> </tr> <tr> <td>Current:</td> <td>Flex Cash - Medical:Empl Only</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New:</td> <td>Flex Cash - Medical:Empl Only</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> </tr> </tbody> </table>		Medical	Full Cost	Credits	Before Tax	After Tax	Current:	No Coverage					New:	Waive	0.00	0.00			<b>Edit</b>	<b>Dental</b>	Full Cost	Credits	Before Tax	After Tax	Current:	Delta Enhanced II:Empl+1					New:	Waive	0.00	0.00			<b>Edit</b>	<b>Vision</b>	Full Cost	Credits	Before Tax	After Tax	Current:	Vision Service Plan:Emp+Deps					New:	Vision Service Plan:Emp+Deps	0.00	0.00			<b>Edit</b>	<b>Dental Flex Cash</b>	Full Cost	Credits	Before Tax	After Tax	Current:	No Coverage					New:	Flex Cash - Dental:Empl Only	0.00	0.00	0.00		<b>Edit</b>	<b>Medical Flex Cash</b>	Full Cost	Credits	Before Tax	After Tax	Current:	Flex Cash - Medical:Empl Only					New:	Flex Cash - Medical:Empl Only	0.00	0.00	0.00	
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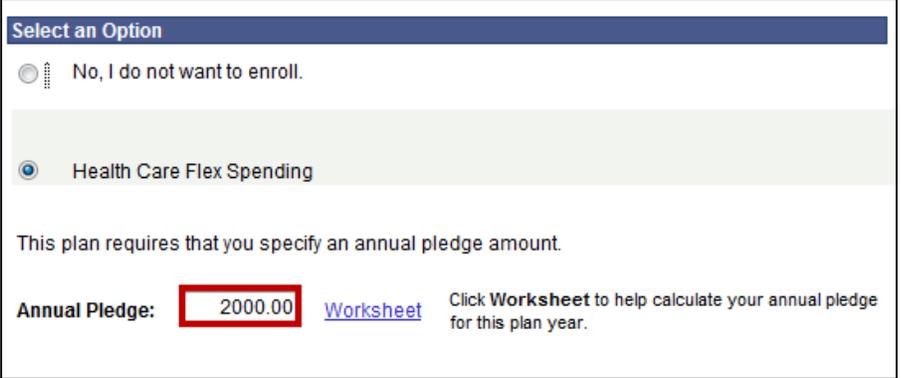
Processing Steps	Screen Shots								
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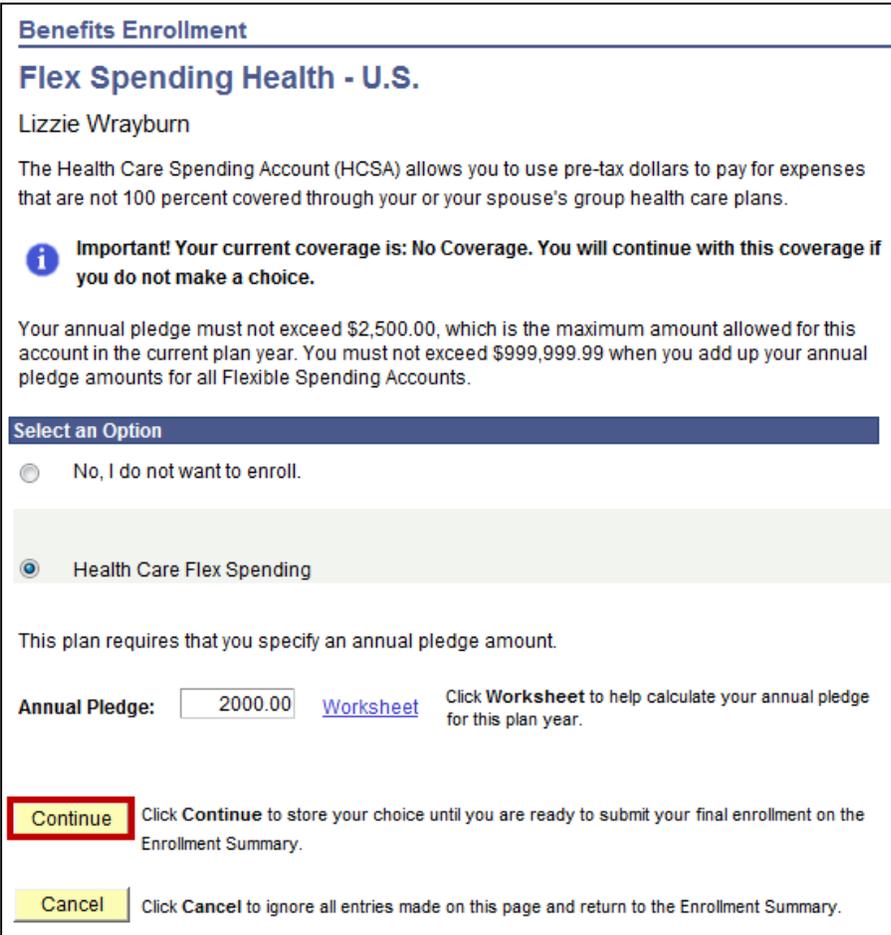
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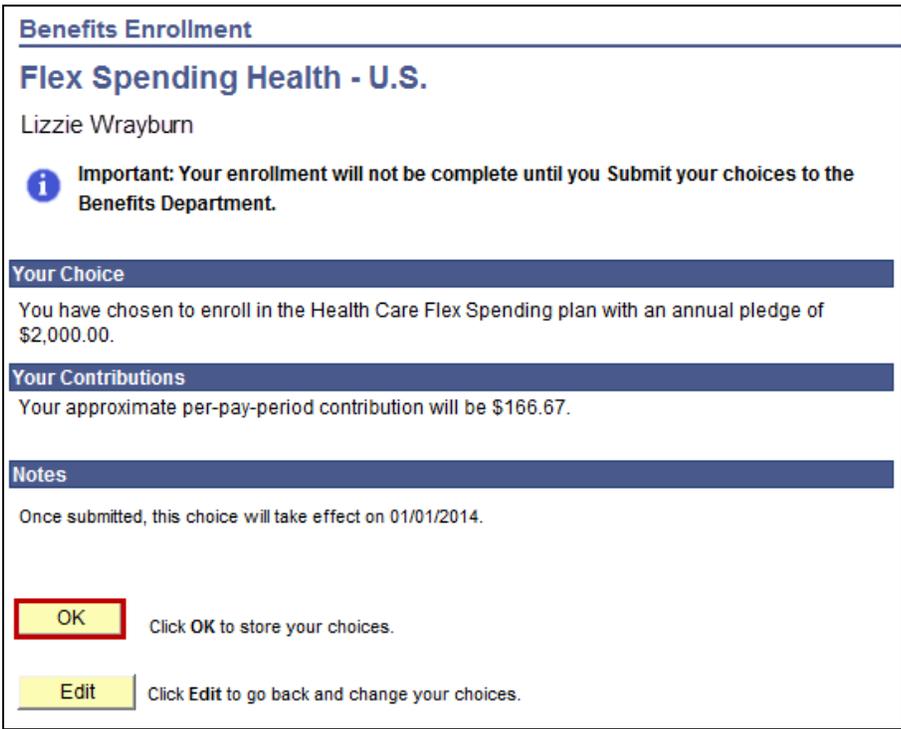
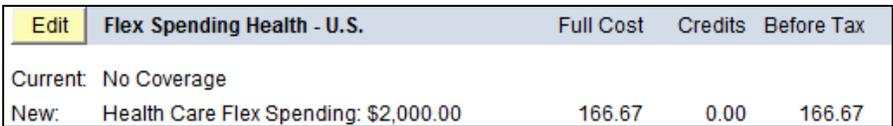
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<p><b>Changing Your Health Care Spending Account Option</b></p> <p><b>Step 1:</b> Select one of the following options:</p> <ul style="list-style-type: none"> <li>• <b>No, I do not want to enroll:</b> select this option if you do not want to enroll in a HCSA or you wish to cancel your HCSA enrollment.</li> <li>• <b>Health Care Flex Spending:</b> select this option to enroll in a HCSA or continue with your existing HCSA account.</li> </ul>	 <p><b>Benefits Enrollment</b></p> <p><b>Flex Spending Health - U.S.</b></p> <p>Lizzie Wrayburn</p> <p>The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your or your spouse's group health care plans.</p> <p><b>i Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.</b></p> <p><b>Select an Option</b></p> <p><input checked="" type="radio"/> No, I do not want to enroll.</p> <p><input type="radio"/> Health Care Flex Spending</p>
<p><b>Step 1a:</b> If you choose to enroll in a Health Care Spending Account (HCSA), you will need to enter the amount of your annual pledge (contribution).</p> <p> Select the <b>Worksheet</b> link if you need assistance in calculating your annual pledge based on the monthly contribution.</p>	 <p><b>Select an Option</b></p> <p><input type="radio"/> No, I do not want to enroll.</p> <p><input checked="" type="radio"/> Health Care Flex Spending</p> <p>This plan requires that you specify an annual pledge amount.</p> <p><b>Annual Pledge:</b> <input type="text" value="2000.00"/> <a href="#">Worksheet</a> Click <b>Worksheet</b> to help calculate your annual pledge for this plan year.</p>

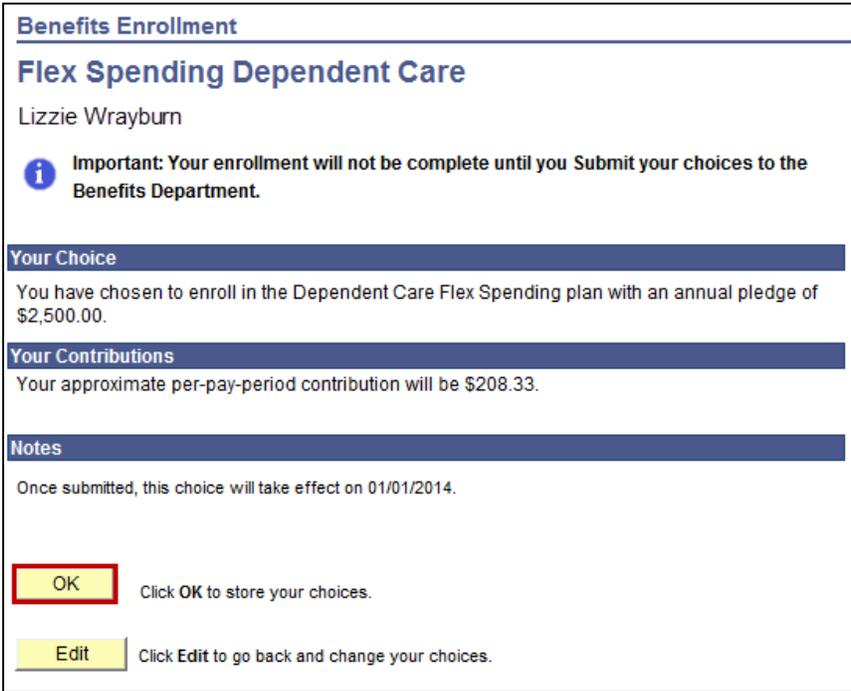
Processing Steps	Screen Shots
<p><b>Saving Your Health Care Spending Account Changes</b></p> <p><b>Step 1:</b> Once you have made the changes to your health care spending account, click <b>Continue</b> at the bottom of the page.</p>	 <p>The screenshot shows the 'Benefits Enrollment' section for 'Flex Spending Health - U.S.' for Lizzie Wrayburn. It includes an information icon with the text: 'Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.' Below this, it states: 'Your annual pledge must not exceed \$2,500.00, which is the maximum amount allowed for this account in the current plan year. You must not exceed \$999,999.99 when you add up your annual pledge amounts for all Flexible Spending Accounts.' The 'Select an Option' section has two radio buttons: 'No, I do not want to enroll.' (unselected) and 'Health Care Flex Spending' (selected). Below the options, it says 'This plan requires that you specify an annual pledge amount.' There is an 'Annual Pledge' field with '2000.00' entered and a 'Worksheet' link. A note says 'Click Worksheet to help calculate your annual pledge for this plan year.' At the bottom, there are two buttons: 'Continue' (highlighted with a red border) and 'Cancel'. The 'Continue' button has the text: 'Click Continue to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.' The 'Cancel' button has the text: 'Click Cancel to ignore all entries made on this page and return to the Enrollment Summary.'</p>

Processing Steps	Screen Shots															
<p><b>Step 2:</b> You will see a page detailing the health care spending account changes you entered.</p> <p>Review the information carefully.</p> <p>To save these changes, click <b>OK</b>.</p> <p> These changes will not be finalized until you submit all of your Open Enrollment changes. See the <a href="#">Submitting Open Enrollment Changes</a> section on page 49.</p>	 <p><b>Benefits Enrollment</b></p> <p><b>Flex Spending Health - U.S.</b></p> <p>Lizzie Wrayburn</p> <p><b>i</b> Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</p> <p><b>Your Choice</b></p> <p>You have chosen to enroll in the Health Care Flex Spending plan with an annual pledge of \$2,000.00.</p> <p><b>Your Contributions</b></p> <p>Your approximate per-pay-period contribution will be \$166.67.</p> <p><b>Notes</b></p> <p>Once submitted, this choice will take effect on 01/01/2014.</p> <p><b>OK</b> Click <b>OK</b> to store your choices.</p> <p><b>Edit</b> Click <b>Edit</b> to go back and change your choices.</p>															
<p><b>Step 3:</b> The Flex Spending Health – U.S. section of the Open Enrollment page now shows your new selection.</p>	 <table border="1"> <thead> <tr> <th>Edit</th> <th>Flex Spending Health - U.S.</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> </tr> </thead> <tbody> <tr> <td>Current:</td> <td>No Coverage</td> <td></td> <td></td> <td></td> </tr> <tr> <td>New:</td> <td>Health Care Flex Spending: \$2,000.00</td> <td>166.67</td> <td>0.00</td> <td>166.67</td> </tr> </tbody> </table>	Edit	Flex Spending Health - U.S.	Full Cost	Credits	Before Tax	Current:	No Coverage				New:	Health Care Flex Spending: \$2,000.00	166.67	0.00	166.67
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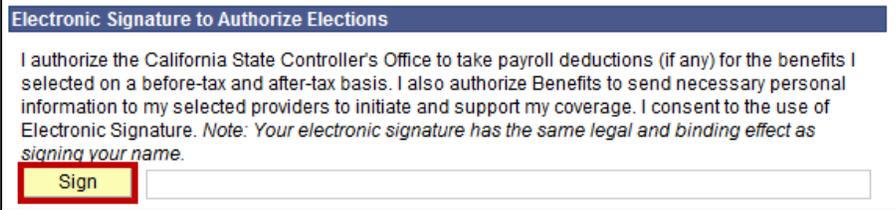
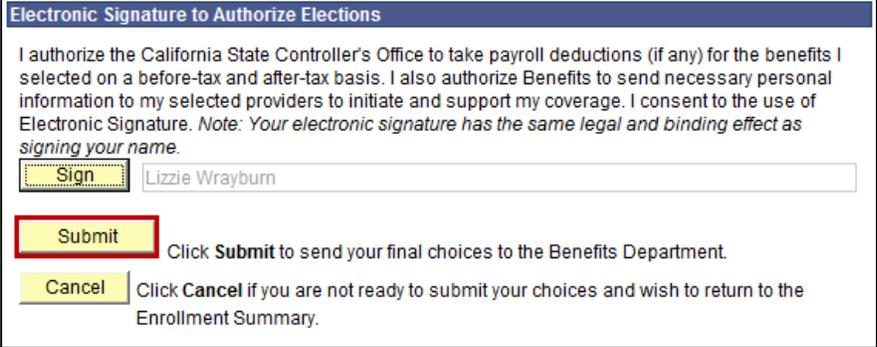
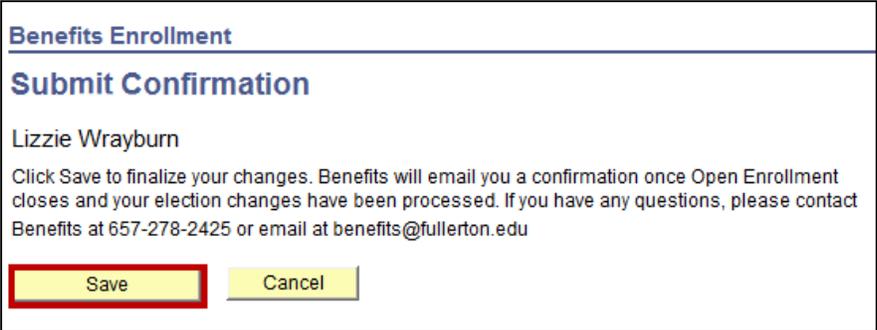
Processing Steps	Screen Shots
<p><b>Changing Your Dependent Care Spending Account Option</b></p> <p><b>Step 1:</b> Select one of the following options:</p> <ul style="list-style-type: none"> <li>• <b>No, I do not want to enroll:</b> select this option if you do not want to enroll in a DCSA or you wish to cancel your DCSA enrollment.</li> <li>• <b>Dependent Care Flex Spending:</b> select this option to enroll in a DCSA or continue with your existing DCSA account.</li> </ul>	 <p><b>Benefits Enrollment</b></p> <p><b>Flex Spending Dependent Care</b></p> <p>Lizzie Wrayburn</p> <p>The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.</p> <p><b>i</b> Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.</p> <p><b>Select an Option</b></p> <p><input type="radio"/> No, I do not want to enroll.</p> <p><input type="radio"/> Dependent Care Flex Spending</p>
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Processing Steps	Screen Shots
<p><b>Saving Your Dependent Care Spending Account Changes</b></p> <p><b>Step 1:</b> Once you have made the changes to your dependent care spending account, click <b>Continue</b> at the bottom of the page.</p>	<div data-bbox="586 275 1479 1199"> <p><b>Benefits Enrollment</b></p> <hr/> <p><b>Flex Spending Dependent Care</b></p> <p>Lizzie Wrayburn</p> <p>The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.</p> <p><b>i Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.</b></p> <p>Your annual pledge must not exceed \$5,000.00, which is the maximum amount allowed for this account in the current plan year. You must not exceed \$999,999.99 when you add up your annual pledge amounts for all Flexible Spending Accounts.</p> <p><b>Select an Option</b></p> <p><input type="radio"/> No, I do not want to enroll.</p> <p><input checked="" type="radio"/> <b>Dependent Care Flex Spending</b></p> <p>This plan requires that you specify an annual pledge amount.</p> <p><b>Annual Pledge:</b> <input type="text" value="2500.00"/> <a href="#">Worksheet</a> Click <b>Worksheet</b> to help calculate your annual pledge for this plan year.</p> <p><b>Continue</b> Click <b>Continue</b> to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.</p> <p><b>Cancel</b> Click <b>Cancel</b> to ignore all entries made on this page and return to the Enrollment Summary.</p> </div>

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<p><b>Submitting Open Enrollment Changes</b></p> <p>Once you have finished making all of your changes, you must submit your changes to the Benefits department in order for them to be processed and finalized.</p> <p><b>Step 1:</b> Review your changes, including the table summarizing the per-pay-period cost to you for your new benefits.</p> <p>Click <b>Submit</b> at the bottom of the page when you are ready to finalize your selections.</p>	<div data-bbox="584 273 1477 1795"> <p><b>Benefits Enrollment</b></p> <p><b>Open Enrollment</b></p> <p>Lizzie Wrayburn</p> <p>Open enrollment is your annual opportunity to modify your benefit choices. To continue participating in the Flexible Spending Accounts or the Vacation Buy and Sell program next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary.</p> <p><b>i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</b></p> <p><b>Enrollment Summary</b></p> <table border="1"> <thead> <tr> <th>Edit</th> <th>Medical</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td></td> <td>Current: Kaiser Foundation:Empl+Deps</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>New: Waive</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> <tr> <th>Edit</th> <th>Dental</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> <tr> <td></td> <td>Current: Delta Enhanced II:Emp+Child</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>New: Waive</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> <tr> <th>Edit</th> <th>Vision</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> <tr> <td></td> <td>Current: Vision Service Plan:Emp+Deps</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>New: Vision Service Plan:Emp+Deps</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> <tr> <th>Edit</th> <th>Dental Flex Cash</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> <tr> <td></td> <td>Current: No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>New: Flex Cash - Dental:Empl Only</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> </tr> <tr> <th>Edit</th> <th>Medical Flex Cash</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> <tr> <td></td> <td>Current: No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>New: Flex Cash - Medical:Empl Only</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> </tr> <tr> <th>Edit</th> <th>Flex Spending Health - U.S.</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th></th> </tr> <tr> <td></td> <td>Current: No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>New: Health Care Flex Spending: \$2,000.00</td> <td>166.67</td> <td>0.00</td> <td>166.67</td> <td></td> </tr> <tr> <th>Edit</th> <th>Flex Spending Dependent Care</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th></th> </tr> <tr> <td></td> <td>Current: No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>New: Dependent Care Flex Spending: \$2,500.00</td> <td>208.33</td> <td>0.00</td> <td>208.33</td> <td></td> </tr> </tbody> </table> <p>This table summarizes estimated costs for your new benefit choices. (The "Employer" column displays the amount the Company is contributing to subsidize the cost of your benefits.)</p> <table border="1"> <thead> <tr> <th></th> <th>Before Tax</th> <th>After Tax</th> <th>Total</th> <th>Employer</th> </tr> </thead> <tbody> <tr> <td>Costs</td> <td>375.00</td> <td>0.00</td> <td>375.00</td> <td>147.50</td> </tr> <tr> <td>Credits</td> <td>0.00</td> <td></td> <td>0.00</td> <td></td> </tr> <tr> <td><b>Your Costs</b></td> <td><b>375.00</b></td> <td><b>0.00</b></td> <td><b>375.00</b></td> <td></td> </tr> </tbody> </table> <p>These costs do not include certain choices that are based on variable earnings.</p> <p>If the Before Tax costs total is negative, it means the credits the company is providing for your benefits exceeds your actual benefit costs. Therefore, it results in a net earnings for you.</p> <p><b>Submit</b> Click <b>Submit</b> to send your final choices to the Benefits Department.</p> <p><b>i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</b></p> </div>	Edit	Medical	Full Cost	Credits	Before Tax	After Tax		Current: Kaiser Foundation:Empl+Deps						New: Waive	0.00	0.00			Edit	Dental	Full Cost	Credits	Before Tax	After Tax		Current: Delta Enhanced II:Emp+Child						New: Waive	0.00	0.00			Edit	Vision	Full Cost	Credits	Before Tax	After Tax		Current: Vision Service Plan:Emp+Deps						New: Vision Service Plan:Emp+Deps	0.00	0.00			Edit	Dental Flex Cash	Full Cost	Credits	Before Tax	After Tax		Current: No Coverage						New: Flex Cash - Dental:Empl Only	0.00	0.00	0.00		Edit	Medical Flex Cash	Full Cost	Credits	Before Tax	After Tax		Current: No Coverage						New: Flex Cash - Medical:Empl Only	0.00	0.00	0.00		Edit	Flex Spending Health - U.S.	Full Cost	Credits	Before Tax			Current: No Coverage						New: Health Care Flex Spending: \$2,000.00	166.67	0.00	166.67		Edit	Flex Spending Dependent Care	Full Cost	Credits	Before Tax			Current: No Coverage						New: Dependent Care Flex Spending: \$2,500.00	208.33	0.00	208.33			Before Tax	After Tax	Total	Employer	Costs	375.00	0.00	375.00	147.50	Credits	0.00		0.00		<b>Your Costs</b>	<b>375.00</b>	<b>0.00</b>	<b>375.00</b>	
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<p><b>Step 2:</b> Carefully review the section on <b>Supporting Documentation</b>. You may be required to submit documentation to the CSUF Benefits office in order for them to finalize your benefit modifications.</p>	<div data-bbox="586 268 1485 604"> <p><b>Benefits Enrollment</b></p> <p><b>Submit Benefit Choices</b></p> <p>Lizzie Wrayburn</p> <p>You have almost completed your enrollment. If you have no further changes, click <b>Submit</b> at the bottom of this page to finalize your benefit choices.</p> <p><input type="button" value="Cancel"/> Click <b>Cancel</b> if you are not ready to submit your choices and wish to return to the Enrollment Summary.</p> </div> <div data-bbox="586 604 1485 1266"> <p><b>Supporting Documentation</b></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 <b>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>To <b>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>To <b>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><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>
<p><b>Step 3:</b> The Excess Credit Rollover section does not apply to CSUF.</p>	<div data-bbox="586 1352 1427 1545"> <p><b>Excess Credit Rollover</b></p> <p>If the "Before Tax" costs total on the Enrollment Summary page is negative, it means the credits the company is providing for your benefits exceeds the actual benefit costs. Therefore, it results in a net earnings for you. If this is the case, you will need to designate how those "excess credits" will be applied:</p> <p>If necessary, apply excess Before Tax credits to: <input type="button" value="Cash"/></p> </div>
<p><b>Step 4:</b> Place a check mark in the Deduction Authorizations section to indicate your authorizations of deductions from your paycheck to cover benefit costs.</p>	<div data-bbox="586 1633 1485 1808"> <p><b>Deduction Authorizations</b></p> <p><input checked="" type="checkbox"/> By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.</p> </div>

Processing Steps	Screen Shots
<p><b>Step 5:</b> Click the <b>Sign</b> button to electronically sign the form.</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> <input type="text"/></p>
<p><b>Step 6:</b> Click <b>Submit</b> to submit your changes.</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> <input type="text" value="Lizzie Wrayburn"/></p> <p><b>Submit</b> Click <b>Submit</b> to send your final choices to the Benefits Department.</p> <p><b>Cancel</b> Click <b>Cancel</b> if you are not ready to submit your choices and wish to return to the Enrollment Summary.</p>
<p><b>Step 7:</b> Click <b>Save</b> to finalize your submission.</p>	 <p><b>Benefits Enrollment</b></p> <p><b>Submit Confirmation</b></p> <p>Lizzie Wrayburn</p> <p>Click Save to finalize your changes. Benefits will email you a confirmation once Open Enrollment closes and your election changes have been processed. If you have any questions, please contact Benefits at 657-278-2425 or email at <a href="mailto:benefits@fullerton.edu">benefits@fullerton.edu</a></p> <p><b>Save</b> <b>Cancel</b></p>

Processing Steps	Screen Shots																		
<p><b>Step 8:</b> The status of your Open Enrollment event is now set to Submitted.</p>	<div data-bbox="586 270 1474 764"> <h3>Benefits Enrollment</h3> <p>Lizzie Wrayburn</p> <p>After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change. The Information icon provides you with additional information about your enrollment. The Select button next to an event means it is currently open for enrollment. To begin your enrollment, click <b>Select</b>.</p> <p>Note: Some events may be temporarily closed until you have completed enrollment for a prior event.</p> <table border="1"> <thead> <tr> <th colspan="6">Open Benefit Events</th> </tr> <tr> <th>Event Description</th> <th></th> <th>Event Date</th> <th>Event Status</th> <th>Job Title</th> <th></th> </tr> </thead> <tbody> <tr> <td>Open Enrollment</td> <td></td> <td>01/01/2014</td> <td>Submitted</td> <td>Admin Analyst/Spclst 12 Mo</td> <td></td> </tr> </tbody> </table> <p>Once you click Select, it will take a few seconds for your benefits enrollment information to load.</p> </div>	Open Benefit Events						Event Description		Event Date	Event Status	Job Title		Open Enrollment		01/01/2014	Submitted	Admin Analyst/Spclst 12 Mo	
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<p><b>Step 9:</b> You will also receive an email confirmation that your submission was received.</p>	<div data-bbox="586 856 1474 1318"> <p>From: Human Resources Benefits &lt;benefits@exchange.fullerton.edu&gt; To: Wrayburn, Lizzie Cc: Subject: Your Open Enrollment elections have been submitted</p> <p>Lizzie Wrayburn,</p> <p>You have submitted your Open Enrollment elections to Benefits.</p> <p>Date Elections Submitted: 02-Oct-2013</p> <p>If you would like to review your elections please log in to your portal (<a href="http://www.fullerton.edu">www.fullerton.edu</a>).</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> </div>																		