



# ERP Human Resources User Guide eBenefits

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## REVISION CONTROL

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### Revision History

Revision Date	Revised By	Summary of Revisions	Section(s) Revised
9/12/13	Lori Arthur-Carmichael	Added section on Open Enrollment	<a href="#">Click here to enter Revision Date</a>
10/18/13	Lori Arthur-Carmichael	Modified Open Enrollment section to reflect per-pay-period costs versus annual costs.	
9/25/15	Shakeyla Mitchell	Updated the instructions to the portal login	

### Review / Approval History

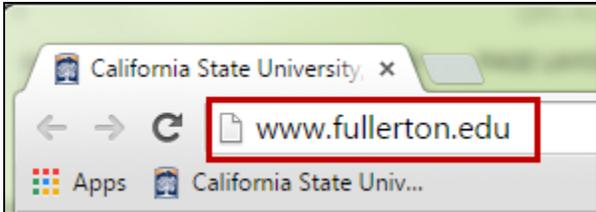
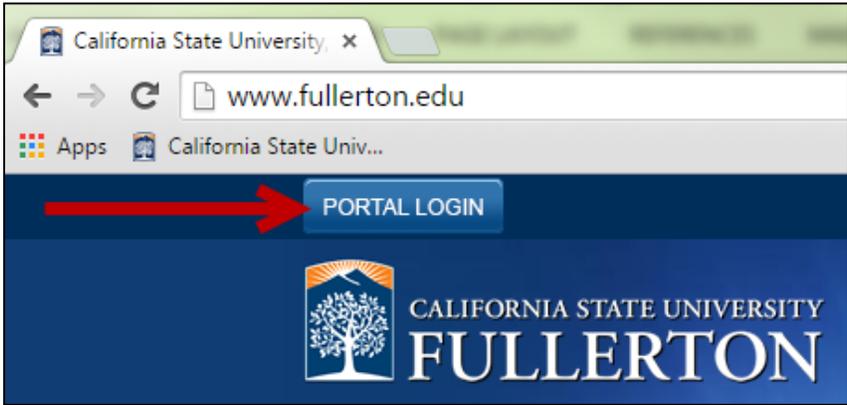
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6/25/13	Elda Moreno, Angelica Perez, Kim Kee	Approved
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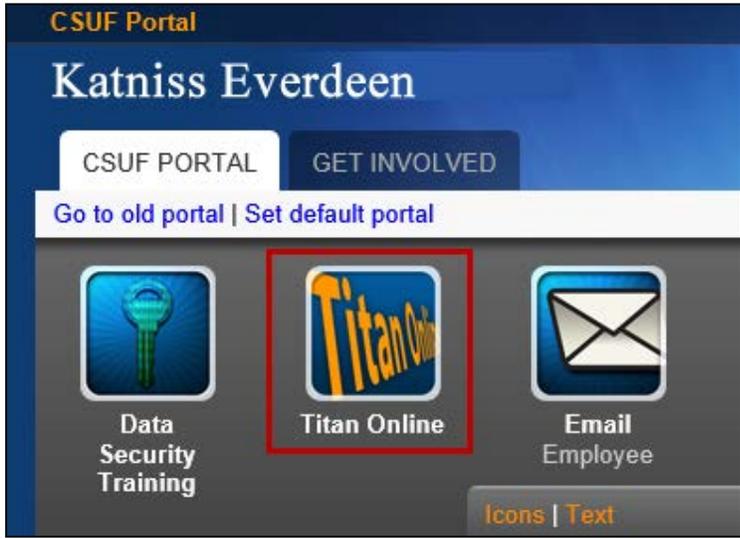
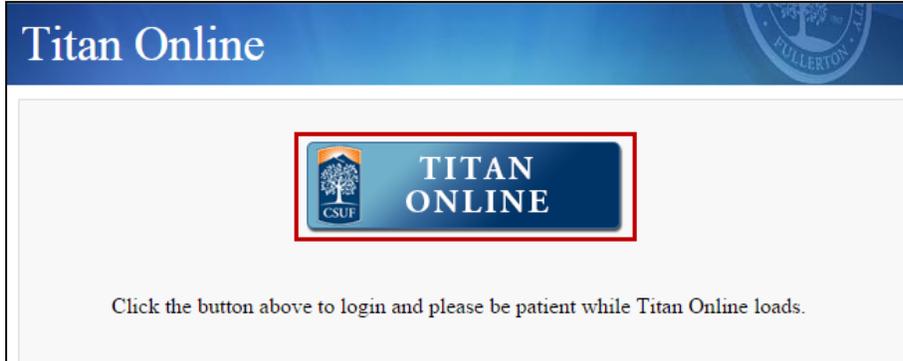
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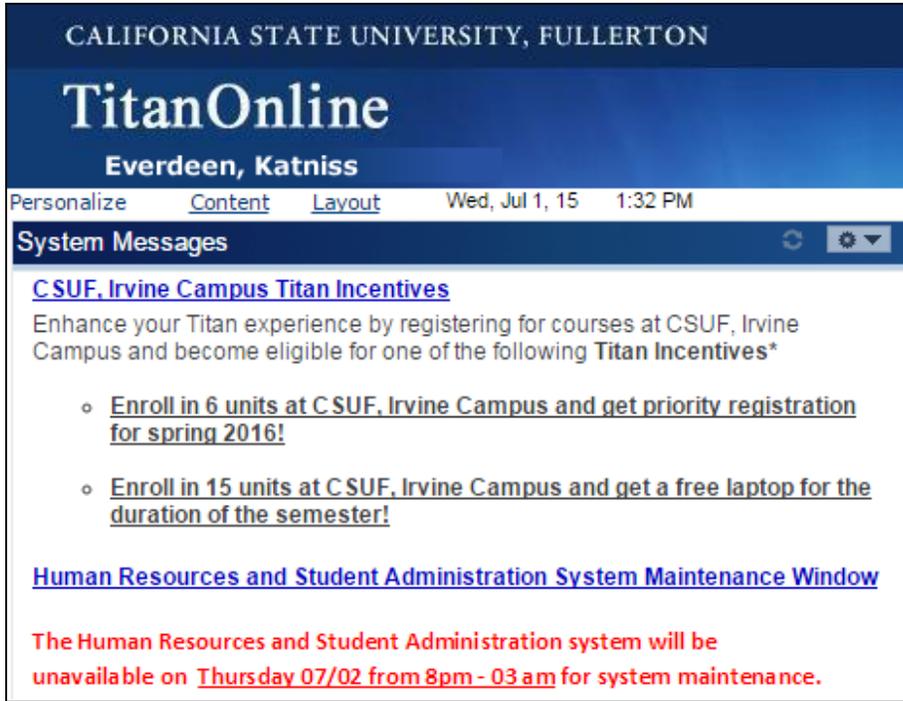
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## 1.0 eBenefits Overview & Navigation

eBenefits is a service that allows campus employees to review and modify their benefits. Employees can view their benefits information at any time. Modifications can only be made when 1) the employee is a new hire or has become newly benefits-eligible, 2) when a qualifying life event occurs (i.e. birth, marriage, etc), or 3) during open enrollment.

Processing Steps	Screen Shots
<p><b>Navigating to Self Service</b></p> <p><b>Step 1:</b> Launch Internet Explorer (or your browser preference) from your desktop.</p>	
<p><b>Step 2:</b> Your home page opens. If your home page is not the CSUF website, type <a href="http://www.fullerton.edu">www.fullerton.edu</a> in the address bar and press Enter on your keyboard.</p>	
<p><b>Step 3:</b> Click on the <b>Portal Login</b> button.</p>	

Processing Steps	Screen Shots
<p><b>Step 4:</b> Enter your campus username and password.</p>	
<p><b>Step 5:</b> Click on the <b>Titan Online</b> icon.</p>	
<p><b>Step 6:</b> Click on the Titan Online icon.</p>	

Processing Steps	Screen Shots
<p><b>Step 7:</b> The Titan Online page appears.</p> <p>Depending on your status, you may see various self-service options including Employee Self Service, Student Self Service, and Faculty Self Service.</p> <p>Depending on your PeopleSoft/CMS access, you may see links to PeopleSoft functionality: Human Resources, Finance, and Student Administration.</p>	 <p>The screenshot displays the TitanOnline interface for user Everdeen, Katniss. The page is organized into several sections:         <ul style="list-style-type: none"> <li><b>System Messages:</b> Includes a message about OBIEE 11g - BI Dashboards.</li> <li><b>Business Intelligence:</b> Links to Data Warehouse for Campus Solutions, Finance, Human Resources, and other Auxiliary Systems.</li> <li><b>My Workplace:</b> Links to My Workplace Processes and Administration.</li> <li><b>Training Resources:</b> Includes eForms - FAQ, eForm General Training Guide, eForm Payroll Training Guide, eForm Benefits Training Guide, eForm Evaluations Guide, and eForm Services an eForm Guide.</li> <li><b>Catalog/Schedule of Classes:</b> Includes Course Catalog Search and Class Schedule Search.</li> <li><b>Registration Guide:</b> Links to Registration.</li> <li><b>Employee Self Service:</b> Contains My Personal Profile (Personal Information, Home Address, Phone Numbers, Email Addresses, Emergency Contacts, Disability Status, Veteran Status), My Benefits Information (Health Plans Summary, Dependents Coverage Summary, Life and LTD Plans, HCRS &amp; COBRA - PFSA, Open Enrollment, New Hire/Newly Eligible, Life Event Changes), My Payroll and Compensation (Compensation History, Employee Pay Sheet), and My Absence &amp; Time Management (Report and View Absence, View Absence Balance, View Monthly Schedule).</li> <li><b>Student Self Service:</b> Includes Human Resources (Human Resources PeopleSoft Application), Campus Resources (Human Resources, Faculty Affairs &amp; Records, Career Center, Financial Aid, Exams), Training Resources (HR Training Resources), and CO Resources (CSU SharePoint, CSU Campus Resources, CSU Service Now).</li> <li><b>Student Administration:</b> Includes Student Administration (Student Administration PeopleSoft Application), Campus Resources (Academic Advising, Academic Calendar, Admissions &amp; Records, Extended Education, FERPA Information, Financial Aid, Library, Parking, Student Financial Services, AMT Forms for Faculty/Staff, AMT Frequently Asked Questions), Training Resources (Training Resources), and CO Resources (CSU SharePoint, CSU Campus Solutions, CSU Service Now).</li> <li><b>Finance:</b> Includes CFS Finance System (as of 7/1/2010), Campus Resources (Financial Services, Accounts Payable Forms, Procurement Card/Office Max, Employment, Travel), FIS Resources (FIS Account (Local), FIS Fund (Local), FIS Department ID (Local), FIS Program (Local), FIS Class (State), FIS Project (Local), Student Task List (Local), CMS Present in CFS Program, CMS Account by CFS Account, CFS Speedload, CFS Open Position), and Training Guides (Registration Training Guide, Ruben Transfer Training Guide).</li> </ul>         Red arrows in the image point to the 'Self-Service' and 'PeopleSoft Functionality' sections.       </p>
<p><b>Step 7a:</b> Important messages such as system unavailability will be displayed in the <b>System Messages</b> section.</p> <p>Please review these messages often as they will provide you with important information.</p>	 <p>The screenshot shows the System Messages section of the TitanOnline interface. It features a message titled "CSUF, Irvine Campus Titan Incentives" which encourages users to register for courses at CSUF, Irvine Campus to become eligible for Titan Incentives. The incentives listed are:         <ul style="list-style-type: none"> <li>Enroll in 6 units at CSUF, Irvine Campus and get priority registration for spring 2016!</li> <li>Enroll in 15 units at CSUF, Irvine Campus and get a free laptop for the duration of the semester!</li> </ul>         Below this, there is a message titled "Human Resources and Student Administration System Maintenance Window" stating that the system will be unavailable on Thursday 07/02 from 8pm - 03 am for system maintenance.       </p>

Processing Steps	Screen Shots
<p><b>Step 7b:</b> Each section of functionality contains links that allow you to: access the PeopleSoft/CMS system, view other campus websites, review training material, or view resources from the Chancellor's Office.</p> <p>To access a particular PeopleSoft database, click on the appropriate link.</p>	 <p>The screenshot shows a dashboard with three main sections: Human Resources, Student Administration, and Finance. Each section has a grid of links. Red callout boxes highlight specific links: 'Access the PeopleSoft/CMS system' points to the 'Human Resources' link in the HR section; 'Links to other campus websites' points to the 'Campus Resources' link in the HR section; 'Review training material' points to the 'Training Resources' link in the HR section; and 'Resources from Chancellor's Office' points to the 'CO Resources' link in the HR section.</p>
<p><b>Step 8:</b> In the Employee Self Service box, locate the My Benefits Information section.</p> <p>Select one of the following eBenefits options:</p> <ul style="list-style-type: none"> <li>• <b>Open Enrollment</b> (<i>Available September 2013</i>): view and modify your benefits during the designated open enrollment period.</li> <li>• <b>New Hire/Newly Eligible</b>: for new hires and employees newly eligible for benefits to enroll in benefits.</li> <li>• <b>Life Event Changes</b>: when a qualifying life event occurs (i.e. birth, marriage, etc.), use this link to modify your benefits.</li> </ul>	 <p>The screenshot shows the 'Employee Self Service' page with three main sections: 'My Personal Profile', 'My Benefits Information', and 'My Payroll and Compensation'. The 'My Benefits Information' section is highlighted with a red border. It contains links for: Health Plans Summary, Dependents Coverage Summary, Life and LTD Plans, HCRA &amp; DCRA - (FSA), Open Enrollment, New Hire/Newly Eligible, and Life Event Changes.</p>

Processing Steps	Screen Shots
<p><b>eBenefits Self-Service Electronic Signature Authorization Form</b></p> <p>In order to use eBenefits, you must have a signed eBenefits Self-Service Electronic Signature Authorization form on file with the Benefits office on campus.</p> <p>While you are in eBenefits, you will see boxes like the one on the right that include a link to the eBenefits Self-Service Electronic Signature Authorization Form as well as instructions for completing and submitting it.</p> <p>Be sure that you have completed and submitted this form before making any changes in eBenefits.</p>	<div data-bbox="586 275 1482 493" style="border: 1px solid black; padding: 10px;">  <p>Have you completed the eBenefits Self-Service Electronic Signature Authorization Form? This form must be on file with the Benefits Office in order for you to enroll or change your benefits selections. Click <a href="#">here</a> to complete the form.</p> <p><b>Instructions:</b></p> <ol style="list-style-type: none"> <li>1. Complete and sign the form.</li> <li>2. Send the form to Human Resources at CP-700. Scanned copies sent by email will be accepted.</li> </ol> <p>If you have any questions, please contact Human Resources at (657) 278-2425.</p> </div>

## 2.0 New Hire/Newly Eligible Benefits Enrollment

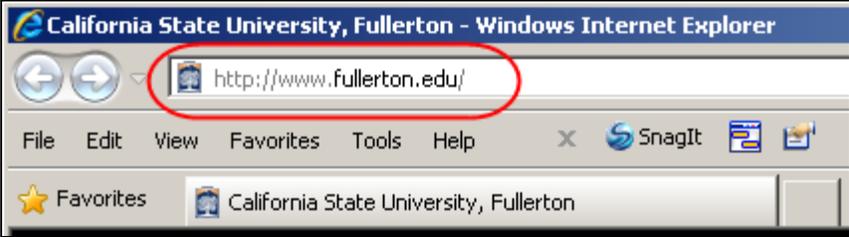
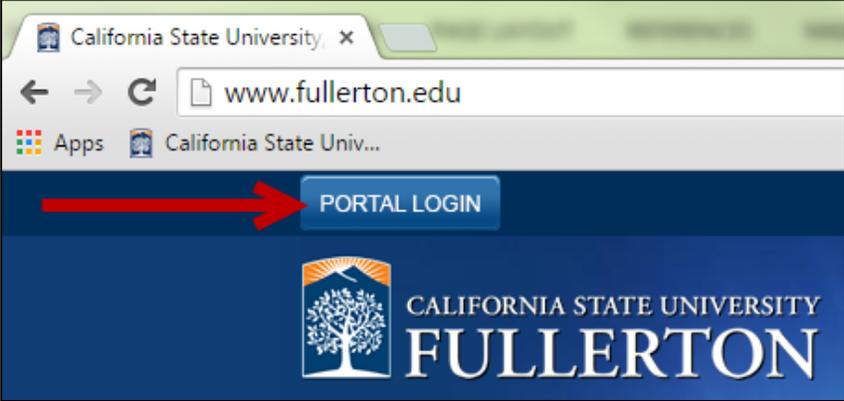
If you are a new hire to CSUF or you have recently become eligible for benefits at CSUF, follow these instructions to enroll in benefits.

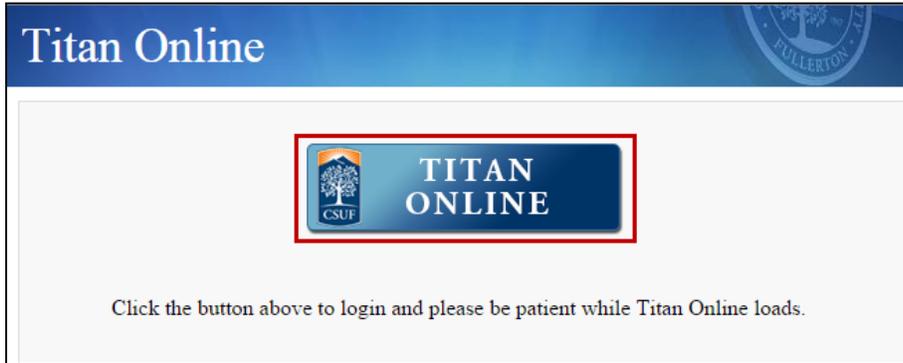


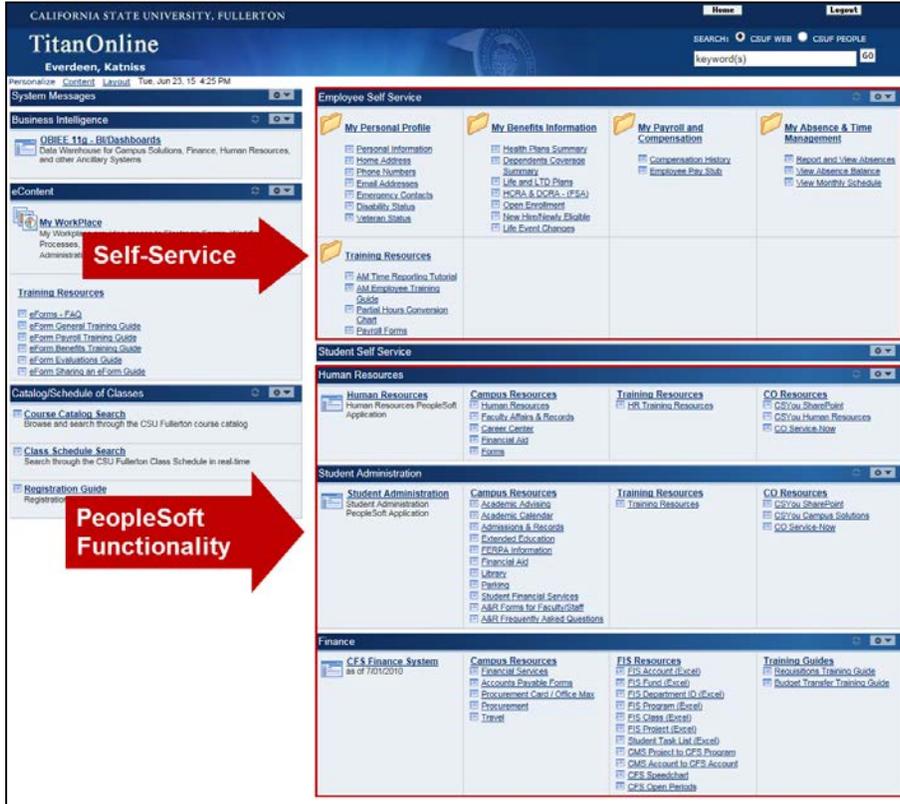
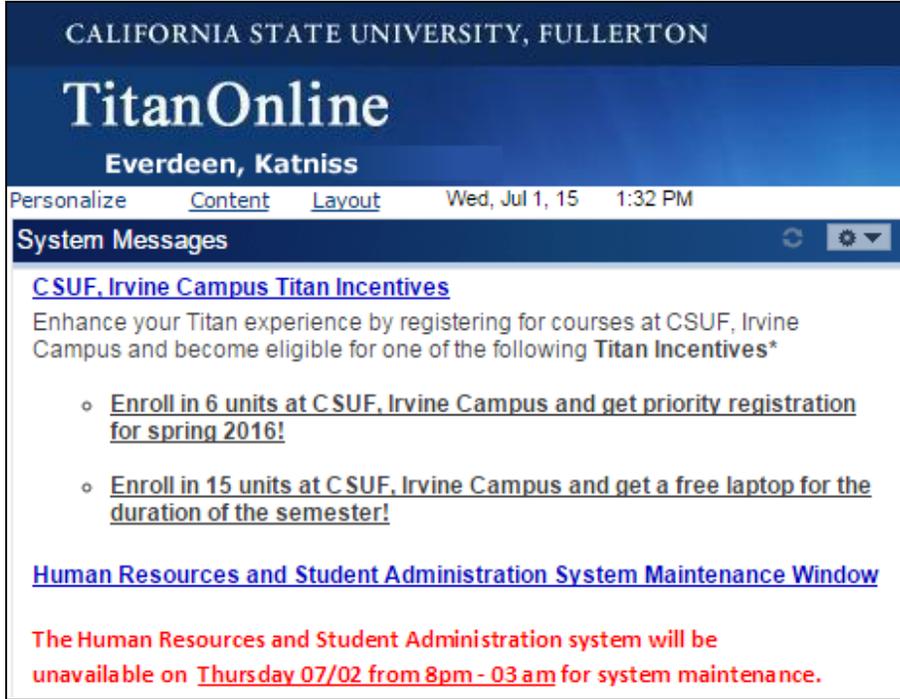
You must enroll in benefit plans within 60 days of employment/eligibility.

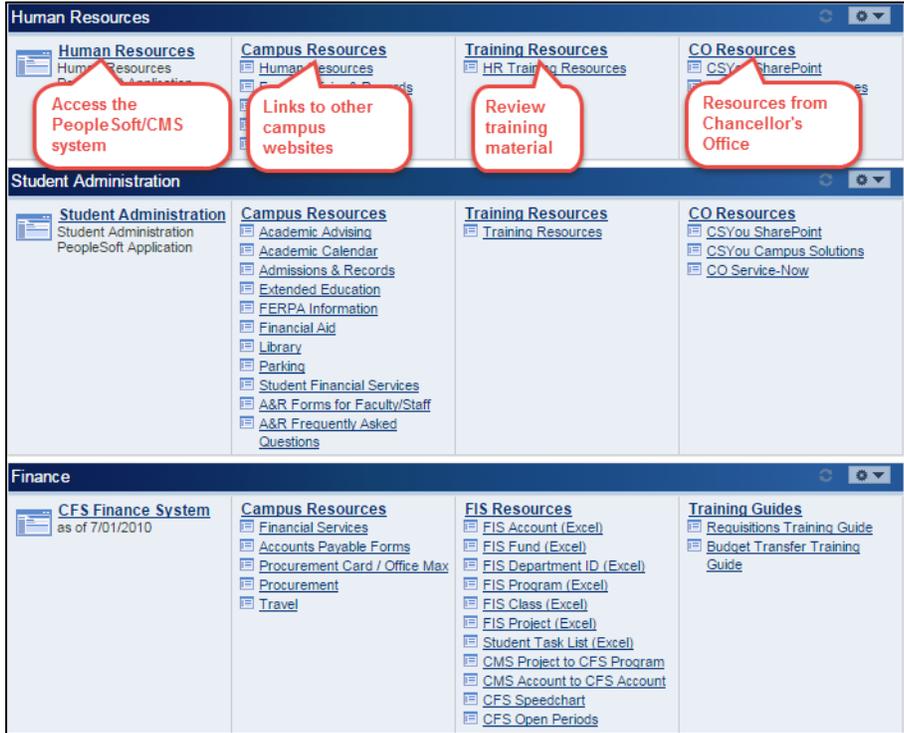


Contact Benefits at 657-278-2425 for more information regarding enrolling in benefits.

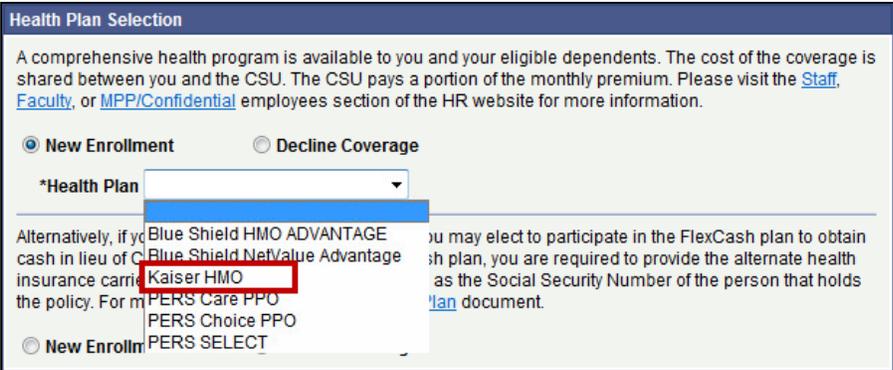
Processing Steps	Screen Shots
<p><b>Navigating to New Hire/Newly Eligible</b></p> <p><b>Step 1:</b> Open your internet browser (i.e. Internet Explorer, Safari, Firefox, etc) and go to <a href="http://www.fullerton.edu">http://www.fullerton.edu</a>.</p>	
<p><b>Step 2:</b> Click on the <b>Portal Login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

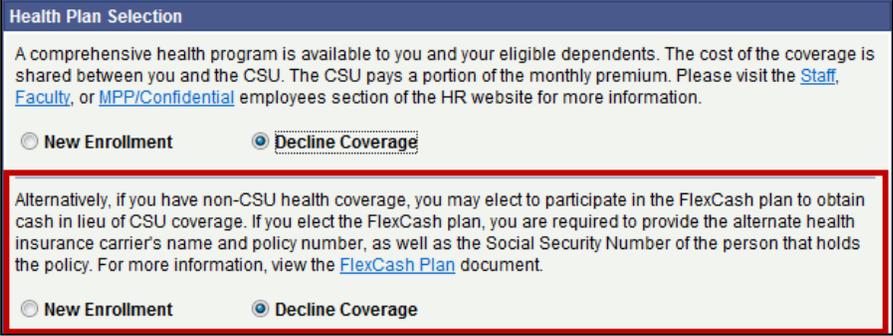
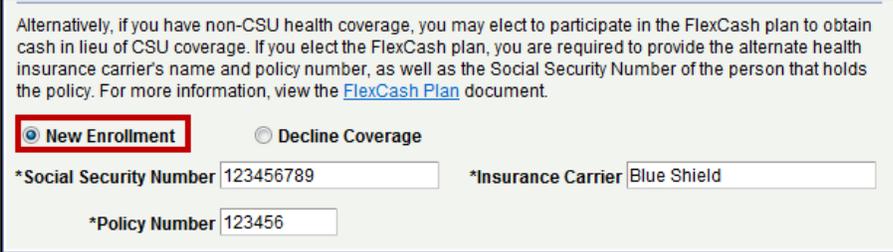
Processing Steps	Screen Shots
<p><b>Step 3:</b> Enter your campus username and password.</p>	
<p><b>Step 4:</b> Click on the <b>Titan Online</b> icon.</p>	
<p><b>Step 5:</b> Click on the Titan Online icon.</p>	

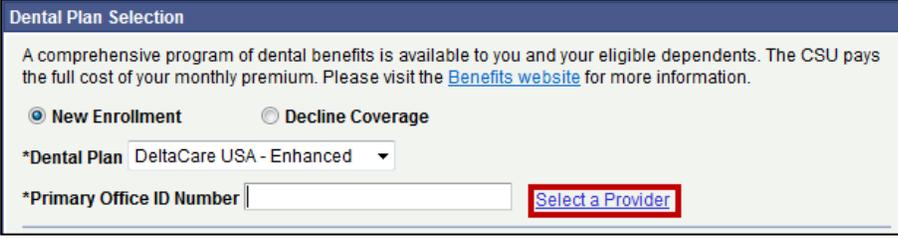
Processing Steps	Screen Shots
<p><b>Step 6:</b> The Titan Online page appears.</p> <p>Depending on your status, you may see various self-service options including Employee Self Service, Student Self Service, and Faculty Self Service.</p> <p>Depending on your PeopleSoft/CMS access, you may see links to PeopleSoft functionality: Human Resources, Finance, and Student Administration.</p>	 <p>The screenshot displays the TitanOnline interface for user Everdeen, Katniss. The top navigation bar includes 'Home' and 'Logout' buttons, along with search options for 'CSUF WEB' and 'CSUF PEOPLE'. The main content area is divided into several sections: 'System Messages', 'Business Intelligence', 'eContent', 'My Workplace', 'Training Resources', 'Catalog/Schedule of Classes', 'Registration Guide', 'Employee Self Service', 'Student Self Service', 'Human Resources', 'Student Administration', and 'Finance'. Red arrows highlight the 'Self-Service' and 'PeopleSoft Functionality' areas.</p>
<p><b>Step 6a:</b> Important messages such as system unavailability will be displayed in the <b>System Messages</b> section.</p> <p>Please review these messages often as they will provide you with important information.</p>	 <p>The screenshot shows the 'System Messages' section of the TitanOnline interface. The header includes 'CALIFORNIA STATE UNIVERSITY, FULLERTON' and 'TitanOnline Everdeen, Katniss'. The message content includes:</p> <p><b>CSUF, Irvine Campus Titan Incentives</b> Enhance your Titan experience by registering for courses at CSUF, Irvine Campus and become eligible for one of the following Titan Incentives*</p> <ul style="list-style-type: none"> <li>Enroll in 6 units at CSUF, Irvine Campus and get priority registration for spring 2016!</li> <li>Enroll in 15 units at CSUF, Irvine Campus and get a free laptop for the duration of the semester!</li> </ul> <p><b>Human Resources and Student Administration System Maintenance Window</b> The Human Resources and Student Administration system will be unavailable on Thursday 07/02 from 8pm - 03 am for system maintenance.</p>

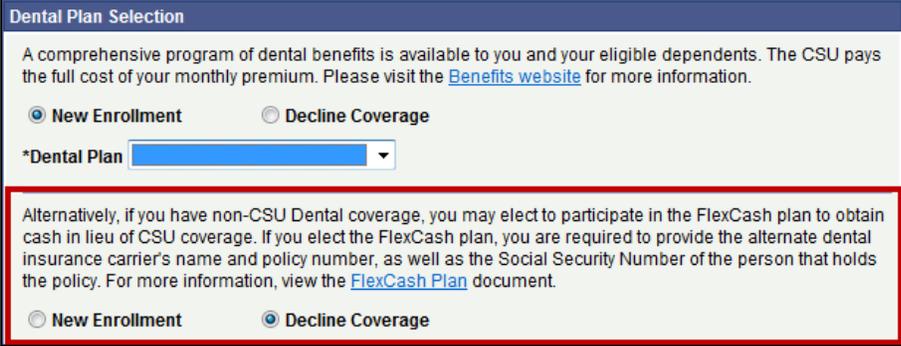
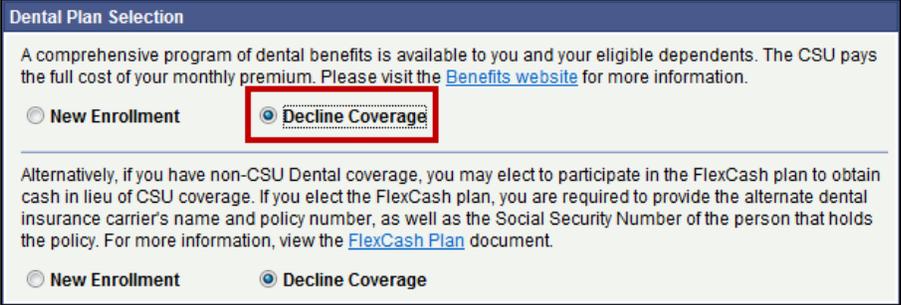
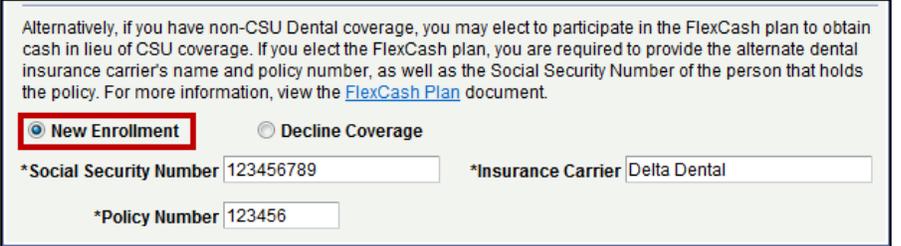
Processing Steps	Screen Shots
<p><b>Step 6b:</b> Each section of functionality contains links that allow you to: access the PeopleSoft/CMS system, view other campus websites, review training material, or view resources from the Chancellor's Office.</p> <p>To access a particular PeopleSoft database, click on the appropriate link.</p>	 <p>The screenshot shows three main sections: Human Resources, Student Administration, and Finance. Each section has a grid of links. Red callout boxes highlight specific links: 'Access the PeopleSoft/CMS system' points to the 'Human Resources' link in the HR section; 'Links to other campus websites' points to the 'Campus Resources' link in the HR section; 'Review training material' points to the 'Training Resources' link in the HR section; and 'Resources from Chancellor's Office' points to the 'CO Resources' link in the HR section.</p>
<p><b>Step 7:</b> In the Employee Self Service box under My Benefits Information, select <b>New Hire/Newly Eligible</b>.</p>	 <p>The screenshot shows the 'Employee Self Service' page. It is divided into two main areas: 'My Personal Profile' and 'My Benefits Information'. Under 'My Benefits Information', there is a list of links. The link 'New Hire/Newly Eligible' is highlighted with a red rectangular box.</p>

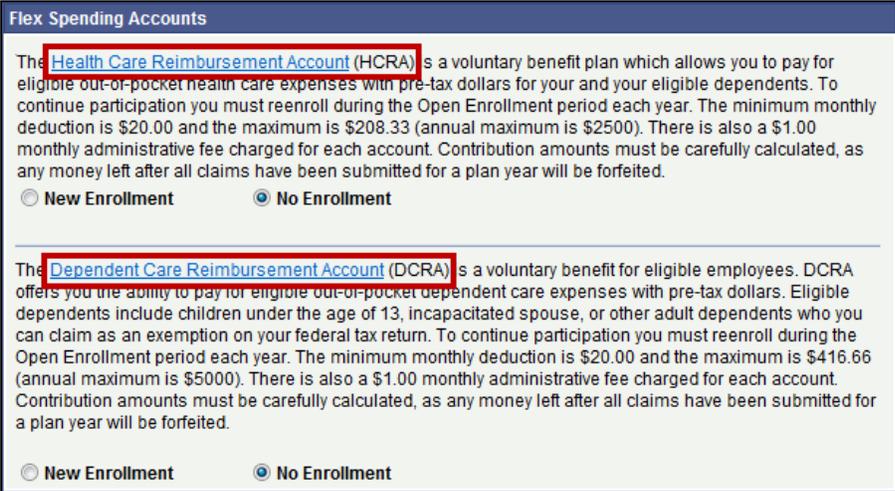
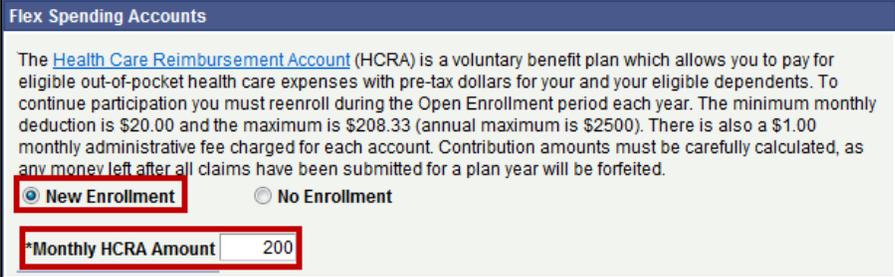
Processing Steps	Screen Shots
<p><b>Step 8:</b></p>  Carefully read all of the information on this screen before making any selections. <p>Click on the information icon (  ) to learn more about the various Benefit programs, eligibility, and enrollment.</p> <p>Clicking on hyperlinks on this screen will also allow you to view more information about a particular topic.</p>	<div data-bbox="597 247 1250 273"> <p><b>Benefits Enrollment</b></p> </div> <div data-bbox="597 283 1250 308"> <p><b>New Enrollment</b></p> </div> <div data-bbox="597 315 1250 340"> <p>David Copperfield</p> </div> <div data-bbox="597 346 1250 394"> <p>Use this page to enroll in Benefits as a <b>new hire</b> or <b>newly benefits-eligible employee</b>. If you have existing benefits through California State University Fullerton and need to make a change, you must use the Life Events or Open Enrollment Page.</p> </div> <div data-bbox="597 409 1250 457"> <p>You must enroll in benefit plans within 60 days of employment/eligibility. Failure to enroll within the 60 day timeframe will delay the effective date of coverage. For questions regarding your benefits information, please contact Benefits at 657-278-2425 or you can visit the <a href="#">Benefits website</a>.</p> </div> <div data-bbox="597 462 1250 493"> <p> Click the information icon to learn more about various Benefit programs, eligibility, and enrollment.</p> </div> <div data-bbox="597 514 1250 567"> <p> Have you completed the eBenefits Self-Service Electronic Signature Authorization Form? This form must be on file with the Benefits Office in order for you to enroll or change your benefits selections. Click <a href="#">here</a> to complete the form.</p> </div> <div data-bbox="597 577 1250 640"> <p><b>Instructions:</b>                  1. Complete and sign the form.                  2. Send the form to Human Resources at CP-700. Scanned copies sent by email will be accepted.</p> </div> <div data-bbox="597 651 1250 672"> <p>If you have any questions, please contact Human Resources at (657) 278-2425.</p> </div> <div data-bbox="597 682 1250 703"> <p><b>Marital Status</b></p> </div> <div data-bbox="597 714 1250 766"> <p>Please indicate your current marital status.</p> <p>*Marital Status <input type="text"/></p> </div> <div data-bbox="597 777 1250 798"> <p><b>Health Plan Selection</b></p> </div> <div data-bbox="597 808 1250 861"> <p>A comprehensive health program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Staff, Faculty, or MPP/Confidential employees</a> section of the HR website for more information.</p> </div> <div data-bbox="597 871 1250 913"> <p><input checked="" type="radio"/> New Enrollment <input type="radio"/> Decline Coverage</p> </div> <div data-bbox="597 903 1250 934"> <p>*Health Plan <input type="text"/></p> </div> <div data-bbox="597 934 1250 1008"> <p>Alternatively, if you have non-CSU health coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate health insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> </div> <div data-bbox="597 1018 1250 1050"> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> Decline Coverage</p> </div> <div data-bbox="597 1060 1250 1081"> <p><b>Dental Plan Selection</b></p> </div> <div data-bbox="597 1092 1250 1123"> <p>A comprehensive program of dental benefits is available to you and your eligible dependents. The CSU pays the full cost of your monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> </div> <div data-bbox="597 1134 1250 1155"> <p><input checked="" type="radio"/> New Enrollment <input type="radio"/> Decline Coverage</p> </div> <div data-bbox="597 1165 1250 1186"> <p>*Dental Plan <input type="text"/></p> </div> <div data-bbox="597 1197 1250 1270"> <p>Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> </div> <div data-bbox="597 1281 1250 1302"> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> Decline Coverage</p> </div> <div data-bbox="597 1323 1250 1344"> <p><b>Vision Plan</b></p> </div> <div data-bbox="597 1354 1250 1386"> <p>The CSU provides vision coverage through Vision Service Plan (VSP). The CSU pays the full cost of your monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> </div> <div data-bbox="597 1396 1250 1417"> <p><b>Flex Spending Accounts</b></p> </div> <div data-bbox="597 1428 1250 1533"> <p>The <a href="#">Health Care Reimbursement Account (HCRA)</a> is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars for you and your eligible dependents. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$208.33 (annual maximum is \$2500). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> </div> <div data-bbox="597 1533 1250 1554"> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> No Enrollment</p> </div> <div data-bbox="597 1585 1250 1711"> <p>The <a href="#">Dependent Care Reimbursement Account (DCRA)</a> is a voluntary benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible dependents include children under the age of 13, incapacitated spouse, or other adult dependents who you can claim as an exemption on your federal tax return. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$416.66 (annual maximum is \$5000). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> </div> <div data-bbox="597 1732 1250 1753"> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> No Enrollment</p> </div> <div data-bbox="597 1774 1250 1816"> <p>Use the section below to add new dependents and/or enroll existing eligible dependents in your Health, Dental and/or Vision plans. Supporting documents are required when enrolling dependents. Please click the information icon at the top of this page for more information.</p> </div> <div data-bbox="597 1837 1250 1858"> <p><a href="#">Add New Dependent</a></p> </div> <div data-bbox="597 1869 1250 1911"> <p><b>Continue</b> Click <b>Continue</b> to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.</p> </div>

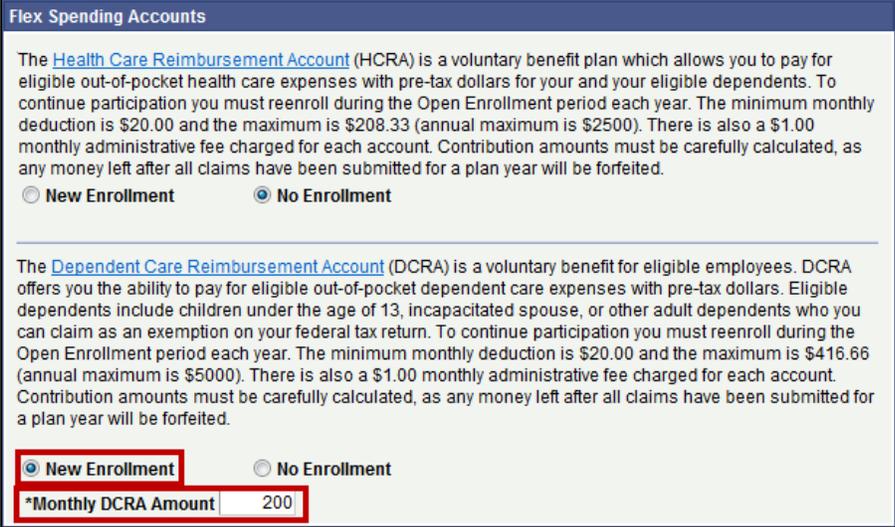
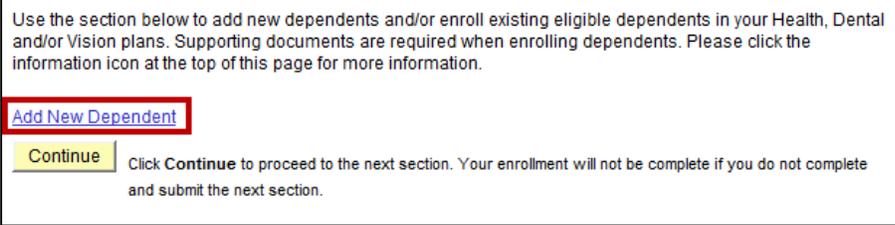
Processing Steps	Screen Shots
<p><b>Step 9:</b> Indicate your current marital status by making a selection from the drop-down menu.</p>	
<p><b>Enrolling in a Health Plan</b></p> <p>To enroll in a health plan for the first time, follow steps 1-6 in the <a href="#">Navigating to New Hire/Newly Eligible</a> section on page 7 and then follow the steps below.</p> <p><b>Step 1:</b> In the Health Plan Selection section, use the drop-down menu to select the Health Plan you wish to enroll in.</p> <p> By default, the <i>New Enrollment</i> radio button is selected. If you do not wish to enroll in a health plan, select the <b>Decline Coverage</b> radio button and skip to the next section.</p>	

Processing Steps	Screen Shots
<p><b>Enrolling in a Health FlexCash Plan</b></p> <p>To enroll in a health flexcash plan for the first time, follow steps 1-6 in <a href="#">Navigating to New Hire/Newly Eligible</a> section on page 7 and then follow the steps below.</p> <p><b>Step 1:</b> Under the Health Plan Selection section, read the FlexCash coverage eligibility information to determine if you are eligible for the Flex Cash plan.</p>	 <p>The screenshot shows the 'Health Plan Selection' section. It contains a paragraph about the health program, followed by two radio buttons: 'New Enrollment' and 'Decline Coverage'. The 'Decline Coverage' radio button is selected and highlighted with a red box. Below this is another paragraph about non-CSU health coverage, followed by the same two radio buttons, with 'Decline Coverage' again selected and highlighted with a red box.</p>
<p><b>Step 2:</b> If you are eligible for the FlexCash plan and would like to enroll in it, first select the <b>Decline Coverage</b> radio button to decline health coverage.</p>	 <p>This screenshot is identical to the previous one, showing the 'Health Plan Selection' section with the 'Decline Coverage' radio button selected and highlighted with a red box.</p>
<p><b>Step 3:</b> Select the <b>New Enrollment</b> radio button to enroll in a Health FlexCash plan.</p> <p>Enter the following:</p> <ul style="list-style-type: none"> <li>• <b>Social Security Number:</b> this is the social security number of the person who holds the alternate health policy under which you are covered.</li> <li>• <b>Insurance Carrier:</b> the name of the alternate health insurance carrier.</li> <li>• <b>Policy Number:</b> the policy number of the alternate health insurance policy.</li> </ul>	 <p>This screenshot shows the 'Health Plan Selection' section with the 'New Enrollment' radio button selected and highlighted with a red box. Below the radio buttons are three form fields: '*Social Security Number' with the value '123456789', '*Insurance Carrier' with the value 'Blue Shield', and '*Policy Number' with the value '123456'.</p>

Processing Steps	Screen Shots
<p><b>Enrolling in a Dental Plan</b></p> <p>To enroll in a dental plan for the first time, follow steps 1-6 in the <a href="#">Navigating to New Hire/Newly Eligible</a> section on page 7 and then follow the steps below.</p> <p><b>Step 1:</b> In the Dental Plan Selection section, use the drop-down menu to select the Dental Plan you wish to enroll in.</p> <p> By default, the <i>New Enrollment</i> radio button is selected. If you do not wish to enroll in a dental plan, select the <b>Decline Coverage</b> radio button and skip to the next section.</p>	
<p><b>Step 1a:</b> If you select <i>DeltaCare USA-Enhanced</i> as your Dental Plan, you will need to provide the Primary Office ID Number.</p> <p>Click on the <b>Select a Provider</b> link to search for a Primary Dental Office ID.</p>	

Processing Steps	Screen Shots
<p><b>Enrolling in a Dental FlexCash Plan</b></p> <p>To enroll in a dental flex cash plan for the first time, follow steps 1-6 in the <a href="#">Navigating to New Hire/Newly Eligible</a> section on page 7 and then follow the steps below.</p> <p><b>Step 1:</b> Under the Dental Plan Selection section, read the FlexCash coverage eligibility information to determine if you are eligible for the FlexCash plan.</p>	 <p><b>Dental Plan Selection</b></p> <p>A comprehensive program of dental benefits is available to you and your eligible dependents. The CSU pays the full cost of your monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p><input checked="" type="radio"/> New Enrollment <input type="radio"/> Decline Coverage</p> <p>*Dental Plan <input type="text" value=""/></p> <p>Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> Decline Coverage</p>
<p><b>Step 2:</b> If you are eligible for the FlexCash plan and would like to enroll in it, first select the <b>Decline Coverage</b> radio button to decline dental coverage.</p>	 <p><b>Dental Plan Selection</b></p> <p>A comprehensive program of dental benefits is available to you and your eligible dependents. The CSU pays the full cost of your monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> Decline Coverage</p> <p>Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> Decline Coverage</p>
<p><b>Step 3:</b> Select the <b>New Enrollment</b> radio button to enroll in a Dental FlexCash plan.</p> <p>Enter the following:</p> <ul style="list-style-type: none"> <li>• <b>Social Security Number:</b> this is the social security number of the person who holds the alternate dental policy under which you are covered.</li> <li>• <b>Insurance Carrier:</b> the name of the alternate dental insurance carrier.</li> <li>• <b>Policy Number:</b> the policy number of the alternate dental insurance policy.</li> </ul>	 <p>Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> <p><input checked="" type="radio"/> New Enrollment <input type="radio"/> Decline Coverage</p> <p>*Social Security Number <input type="text" value="123456789"/> *Insurance Carrier <input type="text" value="Delta Dental"/></p> <p>*Policy Number <input type="text" value="123456"/></p>

Processing Steps	Screen Shots
<p><b>Enrolling in a Vision Plan</b></p> <p>All employees are automatically enrolled in vision care benefits.</p> <p>When you add a dependent, you can elect to add Vision Coverage for them.</p> <p>Adding coverage for dependents is covered in the <a href="#">Enrolling Dependents in Health, Dental, and/or Vision Plan(s)</a> section on page 14.</p>	
<p><b>Enrolling in a Flex Spending Health (HCRA) and/or Flex Spending Dependent (DCRA) Plan</b></p> <p>To enroll in a HCRA and/or DCRA plan for the first time, follow steps 1-6 in the <a href="#">Navigating to New Hire/Newly Eligible</a> section on page 7 and then follow the steps below.</p> <p><b>Step 1:</b> Under the Flex Spending Accounts section, read the information about the voluntary benefit plans: Health Care Reimbursement Account (HCRA) and Dependent Care Reimbursement Account (DCRA).</p> <p>Click on the hyperlinks to learn more about each plan.</p>	
<p><b>Step 2:</b> To enroll in the Health Care Reimbursement Account (HCRA) plan, select the <b>New Enrollment</b> radio button.</p> <p>Then enter your monthly deduction amount in the Monthly HCRA Amount field.</p>	

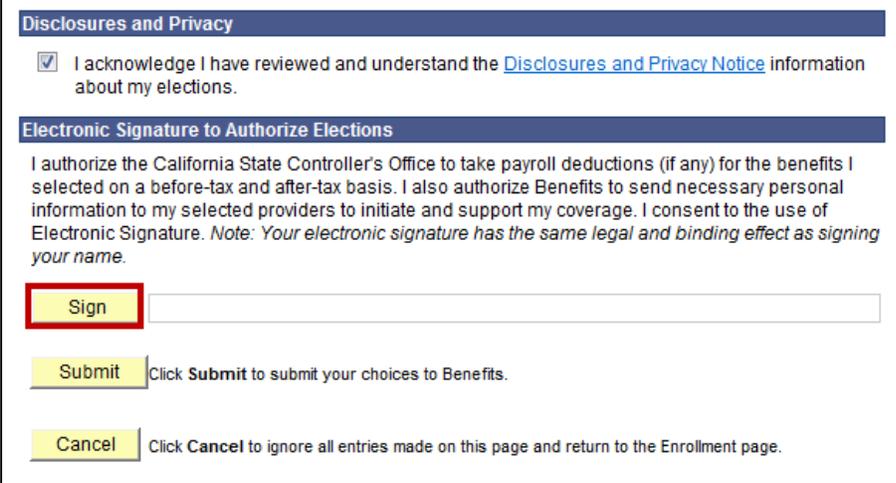
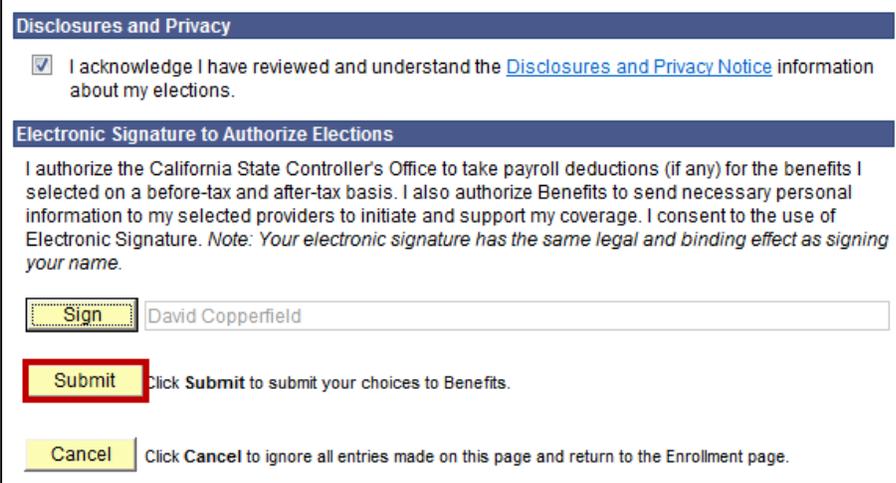
Processing Steps	Screen Shots
<p><b>Step 3:</b> To enroll in the Dependent Care Reimbursement Account (DCRA) plan, select the <b>New Enrollment</b> radio button.</p> <p>Then enter your monthly deduction amount in the Monthly DCRA Amount field.</p>	
<p><b>Enrolling Dependents in Health, Dental, and/or Vision Plan(s)</b></p> <p>To enroll your dependents in health, dental, and/or vision plans for the first time, follow steps 1-6 in the <a href="#">Navigating to New Hire/Newly Eligible</a> section on page 7 and then follow the steps below.</p> <p> You must elect to enroll yourself in a benefit in order to extend the benefit to your dependent(s). I.e. to enroll a dependent in a health plan, you must have elected to enroll yourself in the same health plan.</p> <p><b>Step 1:</b> Scroll down to the bottom of the New Enrollment page.</p> <p>Select <b>Add New Dependent</b>.</p>	

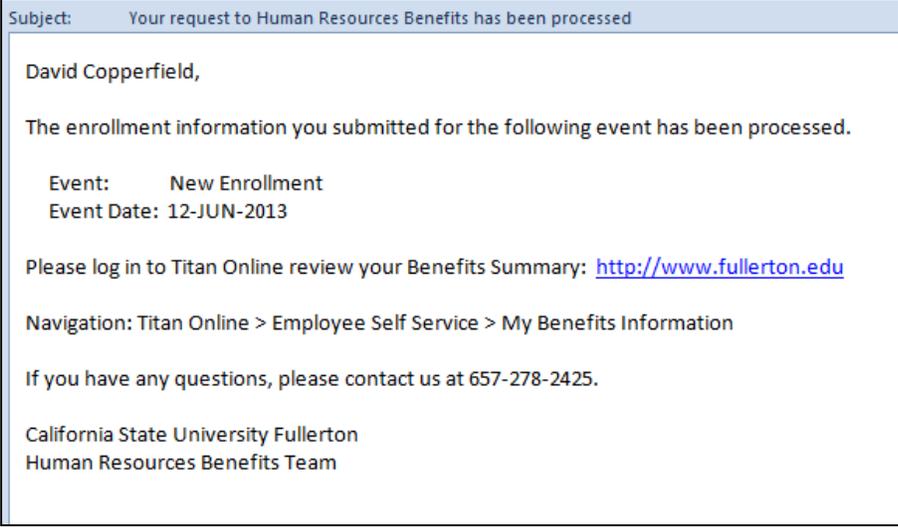
Processing Steps	Screen Shots
<p><b>Step 2:</b> Enter the personal information of the new dependent.</p> <p> Fields marked with an asterisk (*) are required. Social Security Number is required for <b>all</b> dependents. If Social Security number is not available for a newborn, please provide it as soon as available.</p>	<div data-bbox="584 268 1474 926"> <h3>Dependent/Beneficiary Personal Information</h3> <p>David Copperfield</p> <p>Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jun 17, 2013.</p> <p><b>Personal Information</b></p> <p>*First Name: <input type="text" value="Clara"/></p> <p>Middle Name: <input type="text"/></p> <p>*Last Name: <input type="text" value="Copperfield"/></p> <p>Name Prefix: <input type="text"/> </p> <p>Name Suffix: <input type="text"/> </p> <p>*Gender: <input type="text" value="Female"/></p> <p>*Date of Birth: <input type="text" value="06/01/2000"/> </p> <p>SSN: <input type="text"/> (Social Security Number)</p> <p>*Relationship to Employee: <input type="text" value="Child"/></p> </div>
<p><b>Step 3:</b> Enter the address and phone number for the new dependent.</p> <p>If the address or phone is the same as yours, you can place a checkmark next to <i>Same Address as Employee</i> or <i>Same Phone as Employee</i>.</p> <p>Then click <b>Save</b>.</p>	<div data-bbox="584 1014 1474 1661"> <p><b>Address and Telephone</b></p> <div data-bbox="597 1092 1031 1285" style="border: 2px solid red; padding: 5px;"> <p><input checked="" type="checkbox"/> <b>Same Address as Employee</b></p> <p>Country: United States</p> <p>Address: 800 N State College Blvd Fullerton, CA 92834</p> </div> <div data-bbox="597 1360 1174 1486" style="border: 2px solid red; padding: 5px; margin-top: 10px;"> <p><input checked="" type="checkbox"/> <b>Same Phone as Employee</b></p> <p>Phone: 714/278-7777 Home</p> </div> <p>* Required Field</p> <p><input type="button" value="Save"/></p> <p><a href="#">Return to Continue</a></p> <p><input type="button" value="Cancel"/></p> </div>

Processing Steps	Screen Shots																		
<p><b>Step 4:</b> You will receive a message indicating the save was successful. Click <b>OK</b>.</p>																			
<p><b>Step 5:</b> The new dependent's information appears. Scroll down and select <b>Return to Continue</b>.</p>																			
<p><b>Step 6:</b> The dependent you added appears in a table at the bottom of the New Enrollment screen. You may repeat steps 1-5 to add additional dependents.</p> <p>Use the drop-down menus to select which coverage you wish to add for each dependent.</p> <p>For employees enrolling in FlexCash, select <b>FlexCash</b> for each dependent.</p> <p> In the example on the right, the employee has added two dependents and has selected the benefits that they wish to enroll each dependent in.</p>	 <table border="1" data-bbox="597 1108 1450 1255"> <thead> <tr> <th>Name</th> <th>Birthdate</th> <th>Relation</th> <th>Health Coverage</th> <th>Dental Coverage</th> <th>Vision Coverage</th> </tr> </thead> <tbody> <tr> <td>Jay Bird</td> <td>09/22/1965</td> <td>DP Female</td> <td>Add</td> <td>Add</td> <td>Add</td> </tr> <tr> <td>Clara Coppefield</td> <td>06/01/2000</td> <td>Child</td> <td>Add</td> <td>Add</td> <td>Add</td> </tr> </tbody> </table> <p data-bbox="607 1289 688 1310"><b>Continue</b></p> <p data-bbox="708 1289 1305 1339">Click <b>Continue</b> to proceed to the next section. Your enrollment will not be complete if you and submit the next section.</p>	Name	Birthdate	Relation	Health Coverage	Dental Coverage	Vision Coverage	Jay Bird	09/22/1965	DP Female	Add	Add	Add	Clara Coppefield	06/01/2000	Child	Add	Add	Add
Name	Birthdate	Relation	Health Coverage	Dental Coverage	Vision Coverage														
Jay Bird	09/22/1965	DP Female	Add	Add	Add														
Clara Coppefield	06/01/2000	Child	Add	Add	Add														

Processing Steps	Screen Shots																		
<p><b>Completing New Enrollment Elections</b></p> <p><b>Step 1:</b> Once you have made all of your elections on the New Enrollment page, click the <b>Continue</b> button at the bottom of the page.</p>	<div data-bbox="597 247 1198 625"> <p><b>Benefits Enrollment</b></p> <p><b>New Enrollment</b></p> <p>David Copperfield</p> <p>Use this page to enroll in Benefits as a <b>new hire</b> or <b>newly benefits-eligible employee</b>. If you have existing benefits through California State University Fullerton and need to make a change, you must use the Life Events or Open Enrollment Page.</p> <p>You must enroll in benefit plans within 60 days of employment/eligibility. Failure to enroll within the 60 day timeframe will delay the effective date of coverage. For questions regarding your benefits information, please contact Benefits at 657-278-2425 or you can visit the <a href="#">Benefits website</a>.</p> <p> Click the Information icon to learn more about various Benefit programs, eligibility, and enrollment.</p> <p> Have you completed the eBenefits Self-Service Electronic Signature Authorization Form? This form must be on file with the Benefits Office in order for you to enroll or change your benefits selections. Click <a href="#">here</a> to complete the form.</p> <p><b>Instructions:</b> 1. Complete and sign the form. 2. Send the form to Human Resources at CP-700. Scanned copies sent by email will be accepted.</p> <p>If you have any questions, please contact Human Resources at (657) 278-2425.</p> </div> <div data-bbox="597 640 1198 724"> <p><b>Marital Status</b></p> <p>Please indicate your current marital status.</p> <p>*Marital Status: Married</p> </div> <div data-bbox="597 735 1198 966"> <p><b>Health Plan Selection</b></p> <p>A comprehensive health program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Staff, Faculty, or MPP/Confidential</a> employees section of the HR website for more information.</p> <p><input checked="" type="radio"/> New Enrollment <input type="radio"/> Decline Coverage</p> <p>*Health Plan: Kaiser HMO</p> <p>Alternatively, if you have non-CSU health coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate health insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> Decline Coverage</p> </div> <div data-bbox="597 976 1198 1207"> <p><b>Dental Plan Selection</b></p> <p>A comprehensive program of dental benefits is available to you and your eligible dependents. The CSU pays the full cost of your monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p><input checked="" type="radio"/> New Enrollment <input type="radio"/> Decline Coverage</p> <p>*Dental Plan: Delta Enhanced II</p> <p>Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> Decline Coverage</p> </div> <div data-bbox="597 1218 1198 1281"> <p><b>Vision Plan</b></p> <p>The CSU provides vision coverage through Vision Service Plan (VSP). The CSU pays the full cost of your monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> </div> <div data-bbox="597 1291 1198 1617"> <p><b>Flex Spending Accounts</b></p> <p>The <a href="#">Health Care Reimbursement Account</a> (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars for you and your eligible dependents. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$208.33 (annual maximum is \$2500). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> No Enrollment</p> <p>The <a href="#">Dependent Care Reimbursement Account</a> (DCRA) is a voluntary benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible dependents include children under the age of 13, incapacitated spouse, or other adult dependents who you can claim as an exemption on your federal tax return. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$416.66 (annual maximum is \$5000). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p><input type="radio"/> New Enrollment <input checked="" type="radio"/> No Enrollment</p> </div> <div data-bbox="597 1627 1198 1680"> <p>Use the section below to add new dependents and/or enroll existing eligible dependents in your Health, Dental and/or Vision plans. Supporting documents are required when enrolling dependents. Please click the information icon at the top of this page for more information.</p> </div> <div data-bbox="597 1690 1198 1827"> <p><a href="#">Add New Dependent</a></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Birthdate</th> <th>Relation</th> <th>Health Coverage</th> <th>Dental Coverage</th> <th>Vision Coverage</th> </tr> </thead> <tbody> <tr> <td>Jay Bird</td> <td>09/22/1965</td> <td>DP Female</td> <td>Add</td> <td>Add</td> <td>Add</td> </tr> <tr> <td>Clara Coppfield</td> <td>06/01/2000</td> <td>Child</td> <td>Add</td> <td>Add</td> <td>Add</td> </tr> </tbody> </table> </div> <div data-bbox="597 1837 1198 1900"> <p><b>Continue</b> Click Continue to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.</p> </div>	Name	Birthdate	Relation	Health Coverage	Dental Coverage	Vision Coverage	Jay Bird	09/22/1965	DP Female	Add	Add	Add	Clara Coppfield	06/01/2000	Child	Add	Add	Add
Name	Birthdate	Relation	Health Coverage	Dental Coverage	Vision Coverage														
Jay Bird	09/22/1965	DP Female	Add	Add	Add														
Clara Coppfield	06/01/2000	Child	Add	Add	Add														

Processing Steps	Screen Shots
<p><b>Step 2:</b> Review the information on this screen carefully before proceeding.</p> <p><b>Effective Date of Coverage:</b> this section will indicate when your new elections will be effective.</p> <p><b>Supporting Documentation:</b> this section will indicate if any additional documentation is needed by the CSUF Benefits office in order to finalize your elections.  If you do not provide this documentation, your benefits cannot be finalized.</p> <p><b>Disclosures and Privacy:</b> click on the hyperlink in this section to read the disclosures and privacy information about the benefit plan(s) you have selected.</p> <p>Once you have read the Disclosures and Privacy Notice, mark the check box to indicate you have read it and understand it.</p>	<div data-bbox="589 268 1487 1808" style="border: 1px solid black; padding: 10px;"> <p><b>Benefits Enrollment</b></p> <hr/> <p><b>New Enrollment</b></p> <p>David Copperfield</p> <p><b>Effective Date of Coverage</b></p> <p>Benefits will notify you when your enrollment is complete. <b>Health and Dental</b> coverage becomes effective the first of the following month. Coverage for <b>FlexCash Plans</b> and <b>Flexible Spending Accounts</b> become effective the first of the <b>second</b> month.</p> <p><b>Example:</b> If you make Health and/or Dental elections and provide all the supporting documents on 9/25/2013, they will be effective on 10/1/2013. However, if you elect FlexCash and/or enroll in a Flexible Spending Account on 9/25/2013, they will be effective on 11/1/2013.</p> <p><b>Benefit elections are not finalized until you provide the required supporting documentation to Benefits.</b></p> <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> <p><b>Disclosures and Privacy</b></p> <p><input checked="" type="checkbox"/> I acknowledge I have reviewed and understand the <a href="#">Disclosures and Privacy Notice</a> information about my elections.</p> <p><b>Electronic Signature to Authorize Elections</b></p> <p>I authorize the California State Controller's Office to take payroll deductions (if any) for the benefits I selected on a before-tax and after-tax basis. I also authorize Benefits to send necessary personal information to my selected providers to initiate and support my coverage. I consent to the use of Electronic Signature. <i>Note: Your electronic signature has the same legal and binding effect as signing your name.</i></p> <p><b>Sign</b> <input type="text"/></p> <p><b>Submit</b> Click <b>Submit</b> to submit your choices to Benefits.</p> <p><b>Cancel</b> Click <b>Cancel</b> to ignore all entries made on this page and return to the Enrollment page.</p> </div>

Processing Steps	Screen Shots
<p><b>Step 3:</b> Click the <b>Sign</b> button to electronically authorize your elections.</p>	 <p><b>Disclosures and Privacy</b></p> <p><input checked="" type="checkbox"/> I acknowledge I have reviewed and understand the <a href="#">Disclosures and Privacy Notice</a> information about my elections.</p> <p><b>Electronic Signature to Authorize Elections</b></p> <p>I authorize the California State Controller's Office to take payroll deductions (if any) for the benefits I selected on a before-tax and after-tax basis. I also authorize Benefits to send necessary personal information to my selected providers to initiate and support my coverage. I consent to the use of Electronic Signature. <i>Note: Your electronic signature has the same legal and binding effect as signing your name.</i></p> <p><b>Sign</b> <input type="text"/></p> <p><b>Submit</b> Click <b>Submit</b> to submit your choices to Benefits.</p> <p><b>Cancel</b> Click <b>Cancel</b> to ignore all entries made on this page and return to the Enrollment page.</p>
<p><b>Step 4:</b> Your name appears in the Sign field as an electronic signature.</p> <p>Click <b>Submit</b> to send your final choices to the CSUF Benefits department.</p> <p> Be sure that you have completed and submitted the eBenefits Self-Service Electronic Signature Authorization form (see page 6).</p>	 <p><b>Disclosures and Privacy</b></p> <p><input checked="" type="checkbox"/> I acknowledge I have reviewed and understand the <a href="#">Disclosures and Privacy Notice</a> information about my elections.</p> <p><b>Electronic Signature to Authorize Elections</b></p> <p>I authorize the California State Controller's Office to take payroll deductions (if any) for the benefits I selected on a before-tax and after-tax basis. I also authorize Benefits to send necessary personal information to my selected providers to initiate and support my coverage. I consent to the use of Electronic Signature. <i>Note: Your electronic signature has the same legal and binding effect as signing your name.</i></p> <p><b>Sign</b> <input type="text" value="David Copperfield"/></p> <p><b>Submit</b> Click <b>Submit</b> to submit your choices to Benefits.</p> <p><b>Cancel</b> Click <b>Cancel</b> to ignore all entries made on this page and return to the Enrollment page.</p>
<p><b>Step 5:</b> You will see a confirmation that your elections were successfully submitted to the CSUF Benefits office.</p> <p>Click <b>OK</b>.</p>	 <p><b>Benefits Enrollment</b></p> <p><b>New Enrollment</b></p> <p>David Copperfield</p> <p>Your elections have been successfully submitted to Benefits. You will be notified when the process is complete or if more information is required. If you have any questions, please contact Benefits at 657-278-2425 or by e-mail at <a href="mailto:benefits@exchange.fullerton.edu">benefits@exchange.fullerton.edu</a>.</p> <p><b>OK</b></p>

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

### 3.0 Life Event Changes Benefits Enrollment

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



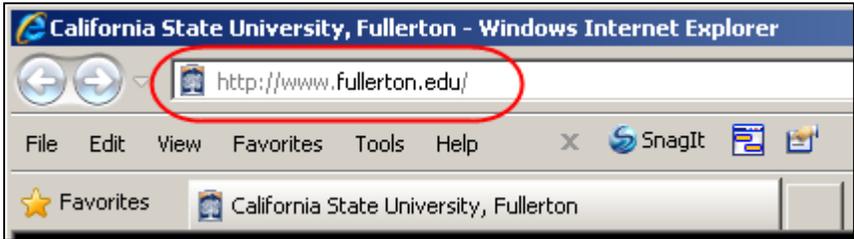
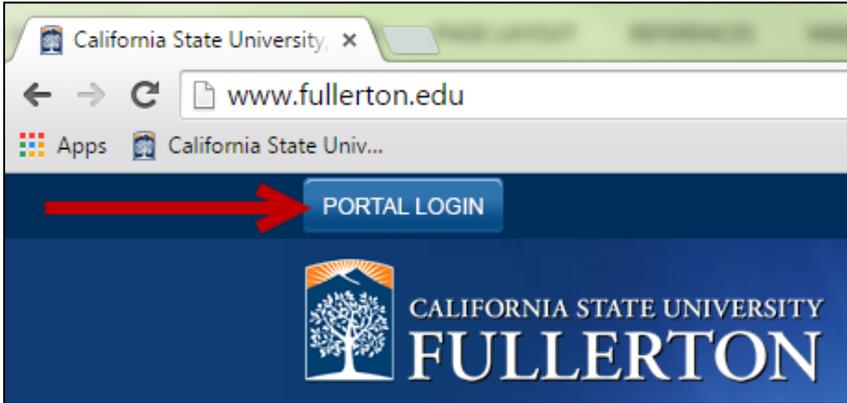
You must submit your Life Event benefits change within 60 days of the qualifying life event.

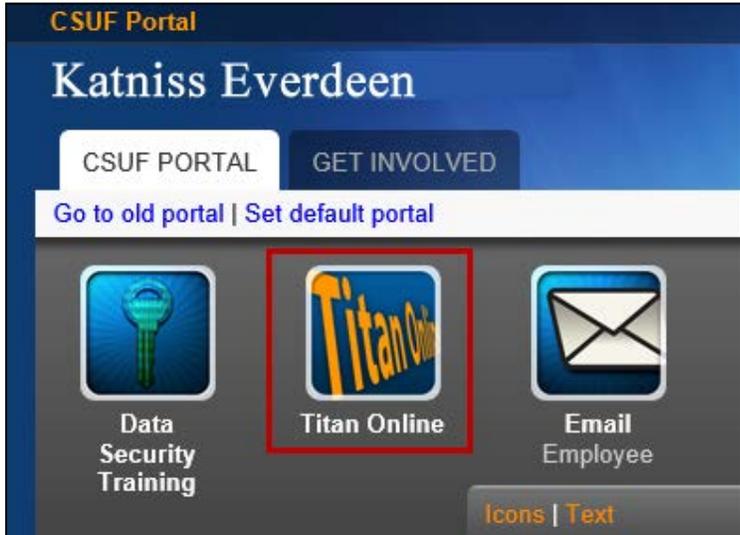
#### What are qualifying life events?

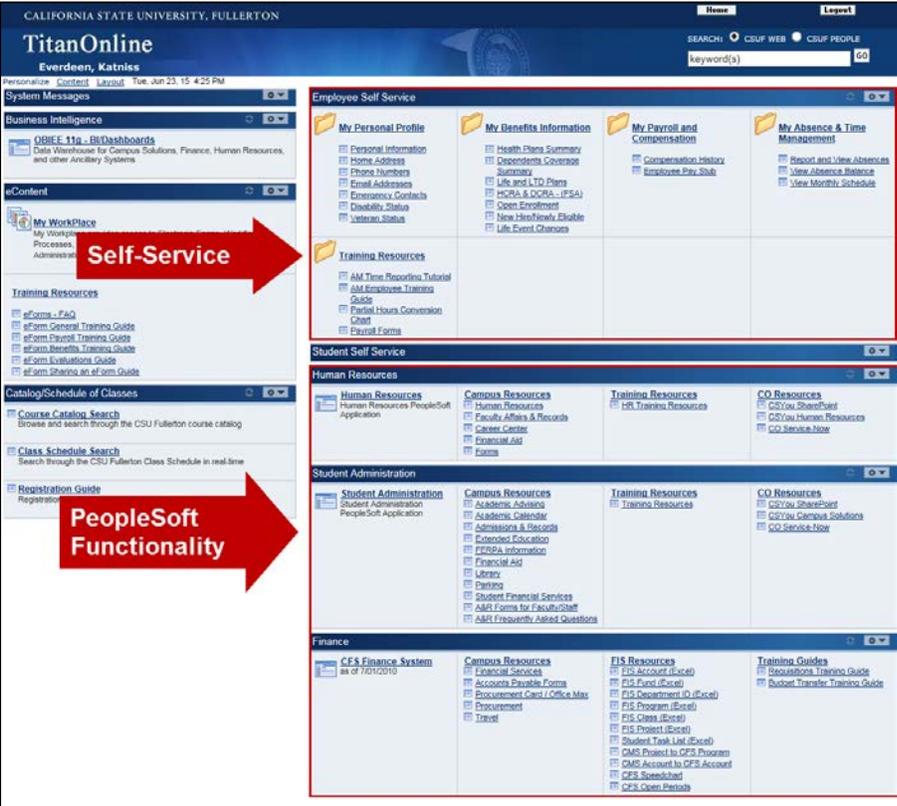
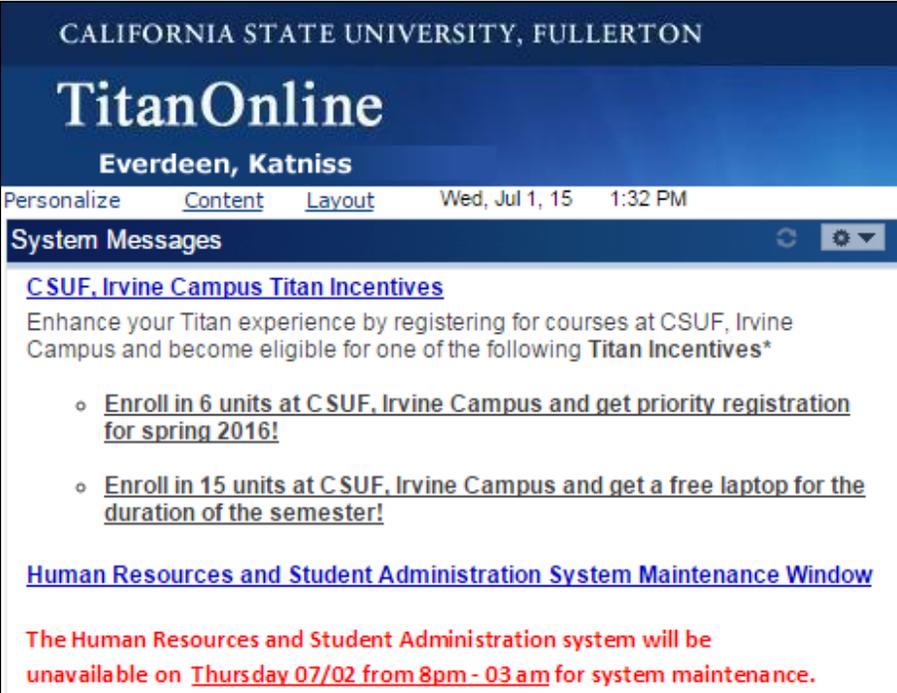
- Qualifying **marital** life events include: marriage, divorce, annulment, legal separation, domestic partnership registration or dissolution.
- Qualifying **dependent** life events include: birth, adoption, adding/removing an economically dependent child or change in custody.
- Gain or Loss of alternate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

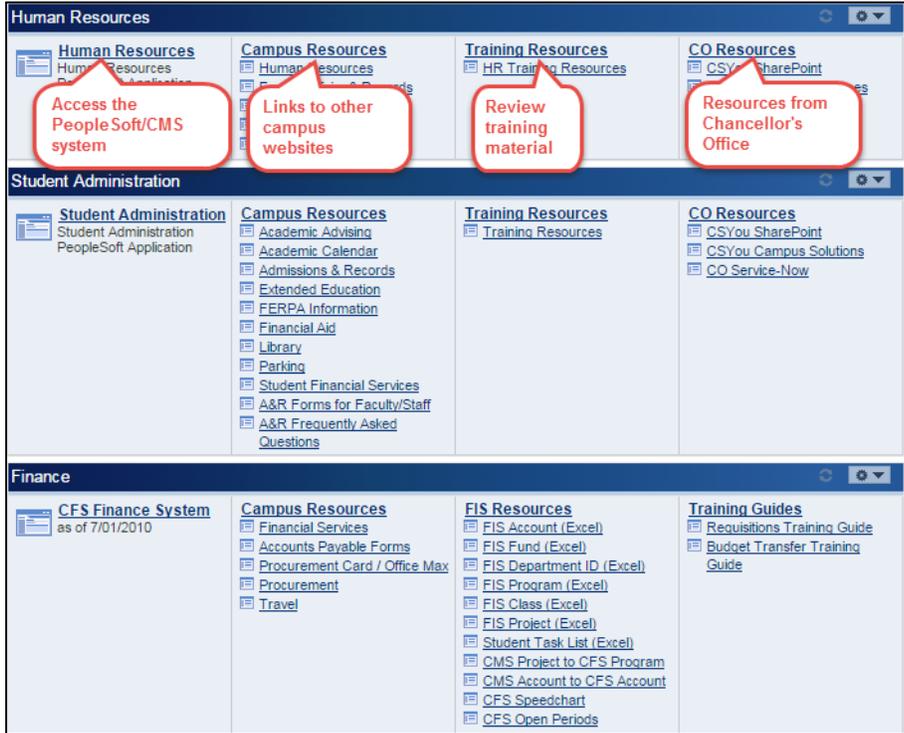


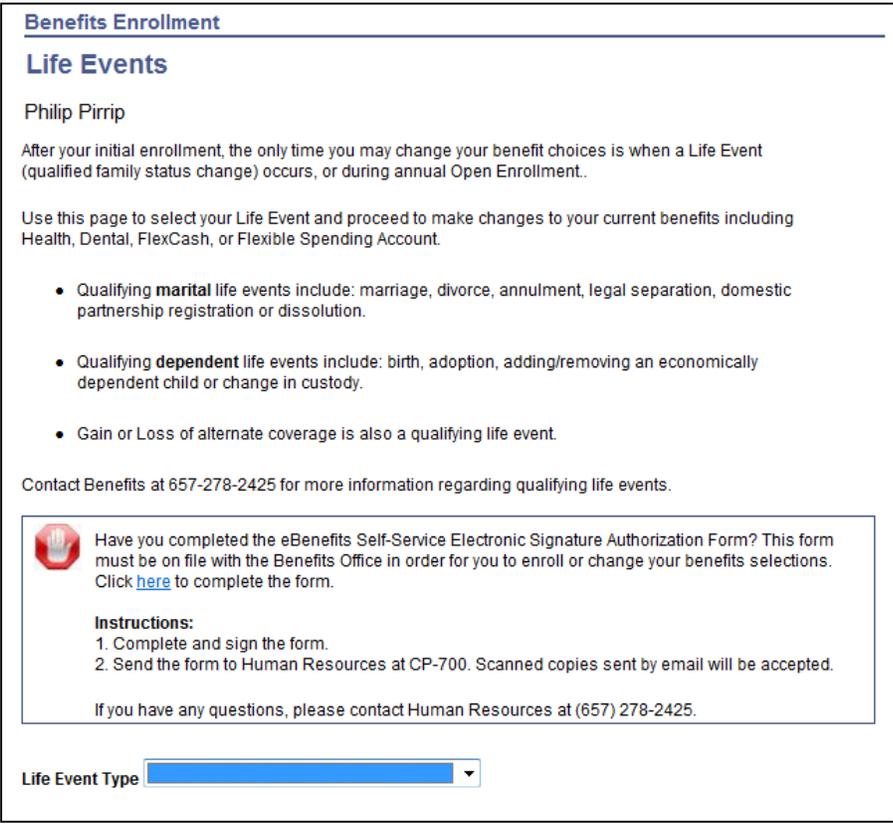
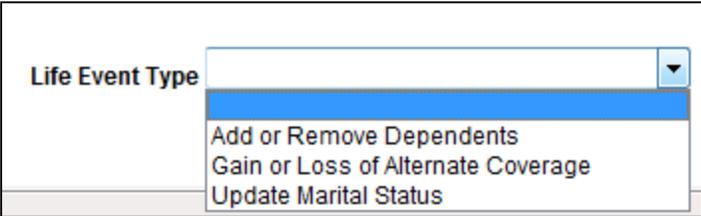
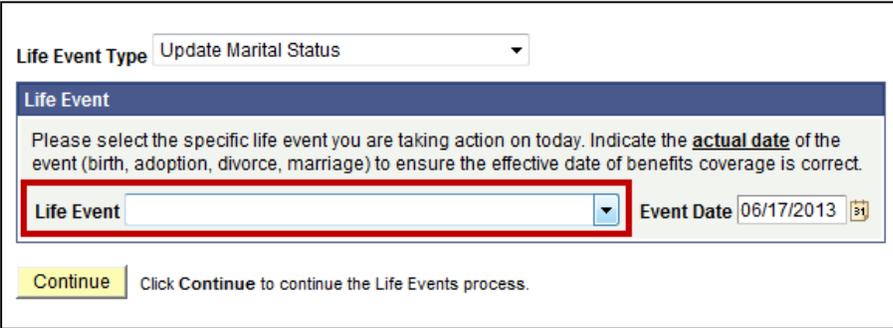
Contact Benefits at 657-278-2425 for more information regarding qualifying life events.

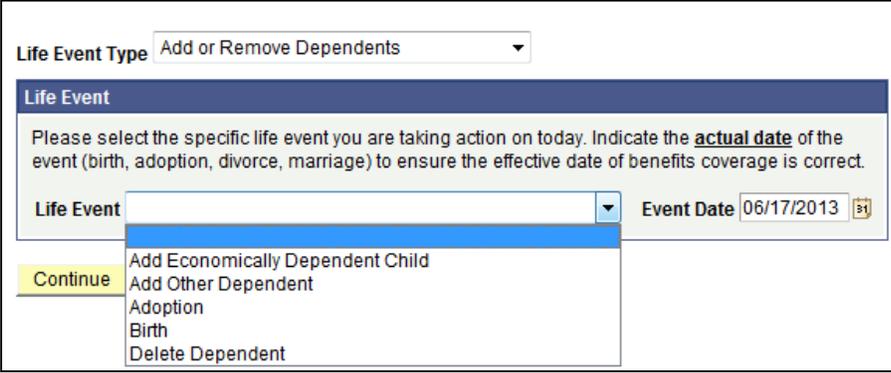
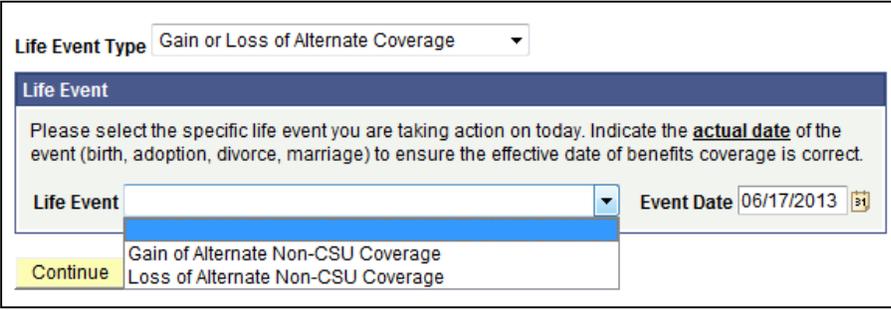
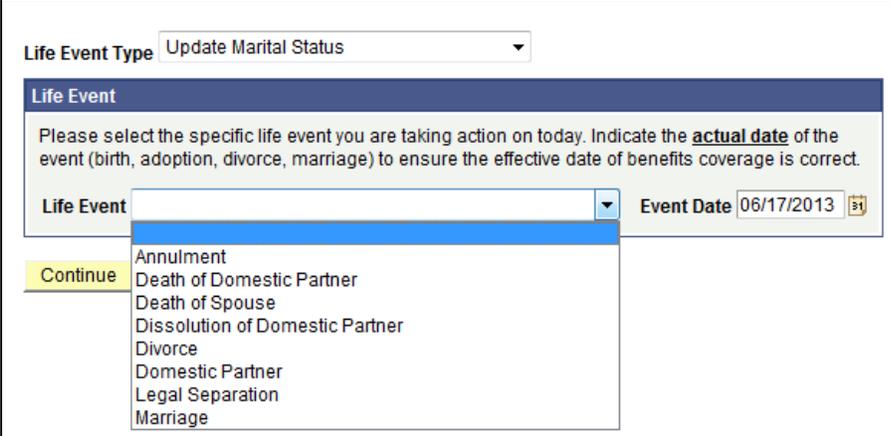
Processing Steps	Screen Shots
<p><b>Navigating to Life Event Changes</b></p> <p><b>Step 1:</b> Open your internet browser (i.e. Internet Explorer, Safari, Firefox, etc) and go to <a href="http://www.fullerton.edu">http://www.fullerton.edu</a>.</p>	
<p><b>Step 2:</b> Click on the <b>Portal Login</b> button.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

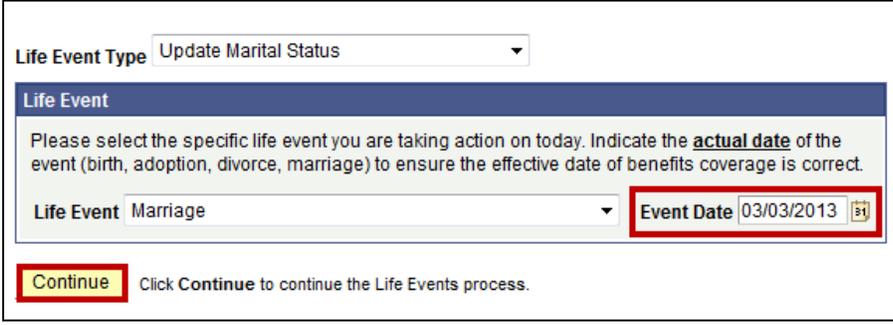
Processing Steps	Screen Shots
<p><b>Step 3:</b> Enter your campus username and password.</p>	
<p><b>Step 4:</b> Click on the <b>Titan Online</b> icon.</p>	
<p><b>Step 5:</b> Click on the Titan Online icon.</p>	

Processing Steps	Screen Shots
<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 6a:</b> Important messages such as system unavailability will be displayed in the <b>System Messages</b> section.</p> <p>Please review these messages often as they will provide you with important information.</p>	

Processing Steps	Screen Shots
<p><b>Step 6b:</b> Each section of functionality contains links that allow you to: access the PeopleSoft/CMS system, view other campus websites, review training material, or view resources from the Chancellor's Office.</p> <p>To access a particular PeopleSoft database, click on the appropriate link.</p>	 <p>The screenshot shows a navigation menu with three main sections: Human Resources, Student Administration, and Finance. Each section has a grid of links. Red callout boxes highlight specific links: 'Access the PeopleSoft/CMS system' points to the 'Human Resources' link in the HR section; 'Links to other campus websites' points to the 'Campus Resources' link in the HR section; 'Review training material' points to the 'Training Resources' link in the HR section; and 'Resources from Chancellor's Office' points to the 'CO Resources' link in the HR section.</p>
<p><b>Step 7:</b> In the Employee Self Service box under My Benefits Information, select <b>Life Event Changes</b>.</p>	 <p>The screenshot shows the 'Employee Self Service' page. It has two main columns: 'My Personal Profile' and 'My Benefits Information'. Under 'My Benefits Information', the 'Life Event Changes' link is highlighted with a red box.</p>

Processing Steps	Screen Shots
<p><b>Step 8:</b></p>  Carefully read all of the information on this screen before making a selection. <p>This screen covers important information on qualifying life events.</p>	
<p><b>Step 9:</b></p> <p>Select a Life Event Type from the drop-down menu:</p> <ul style="list-style-type: none"> <li>• Add or Remove Dependents</li> <li>• Gain or Loss of Alternate Coverage</li> <li>• Update Marital Status</li> </ul>	
<p><b>Step 10:</b></p> <p>Select the appropriate Life Event from the drop-down menu.</p>  Depending on which Life Event Type you selected in Step 6, you will see different Life Events available.	

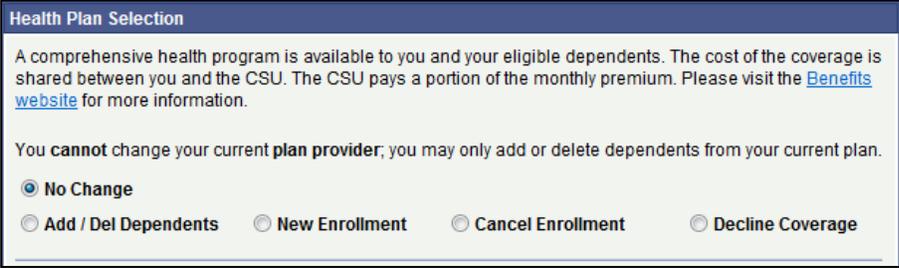
Processing Steps	Screen Shots
<p><b>Step 10a:</b> For the <b>Add or Remove Dependents</b> Life Event Type, the following Life Events are available:</p> <ul style="list-style-type: none"> <li>• Add Economically Dependent Child</li> <li>• Add Other Dependent</li> <li>• Adoption</li> <li>• Birth</li> <li>• Delete Dependent</li> </ul>	
<p><b>Step 10b:</b> For the <b>Gain or Loss of Alternate Coverage</b> Life Event Type, the following Life Events are available:</p> <ul style="list-style-type: none"> <li>• Gain of Alternate non-CSU Coverage</li> <li>• Loss of Alternate non-CSU Coverage</li> </ul>	
<p><b>Step 10c:</b> For the <b>Update Marital Status</b> Life Event Type, the following Life Events are available:</p> <ul style="list-style-type: none"> <li>• Annulment</li> <li>• Death of Domestic Partner</li> <li>• Death of Spouse</li> <li>• Dissolution of Domestic Partner</li> <li>• Divorce</li> <li>• Domestic Partner</li> <li>• Legal Separation</li> <li>• Marriage</li> </ul>	

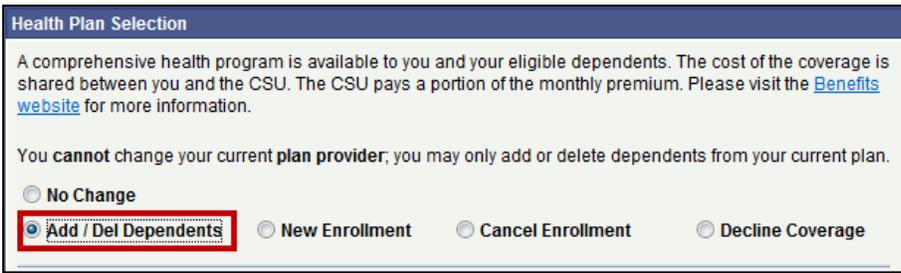
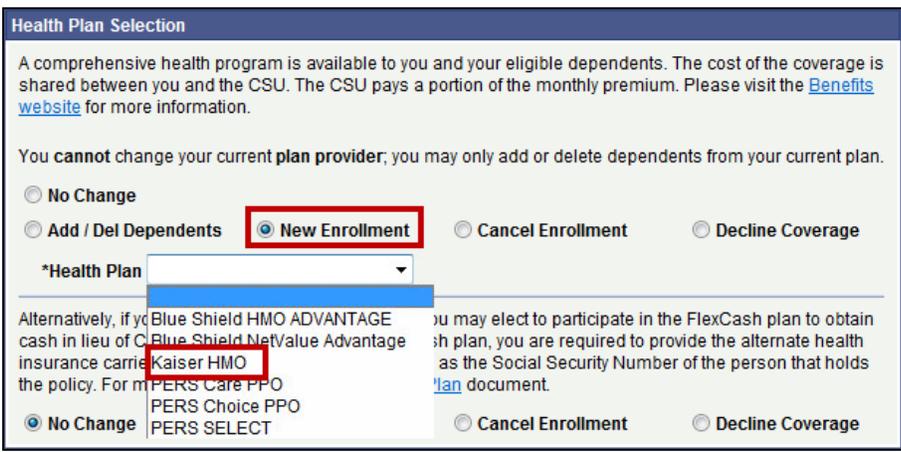
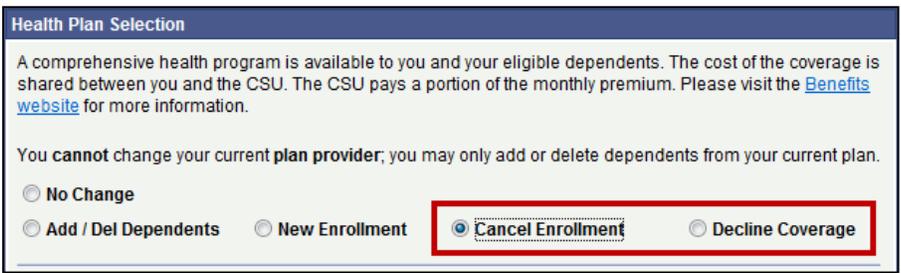
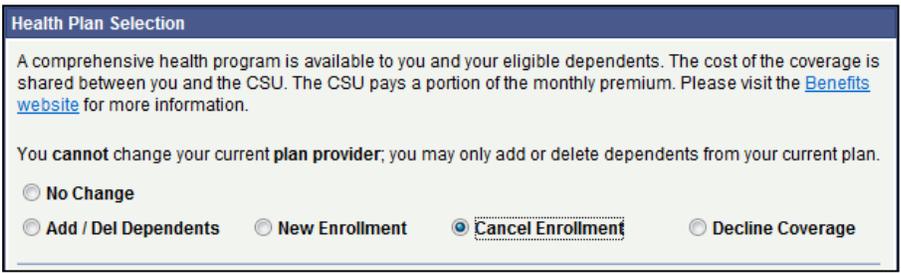
Processing Steps	Screen Shots
<p><b>Step 11:</b> Enter the date of the life event in the Event Date field.</p>  <p>In the example on the right, the employee is entering the date that the marriage took place.</p> <p>Then click <b>Continue</b>.</p>	 <p>The screenshot shows a web form for updating marital status. At the top, a dropdown menu is set to "Update Marital Status". Below this is a section titled "Life Event" with a blue header. The text inside says: "Please select the specific life event you are taking action on today. Indicate the <b>actual date</b> of the event (birth, adoption, divorce, marriage) to ensure the effective date of benefits coverage is correct." Below this text, there are two dropdown menus: "Life Event" is set to "Marriage", and "Event Date" is set to "03/03/2013". A "Continue" button is highlighted with a red box, and a text instruction below it says "Click Continue to continue the Life Events process."</p>

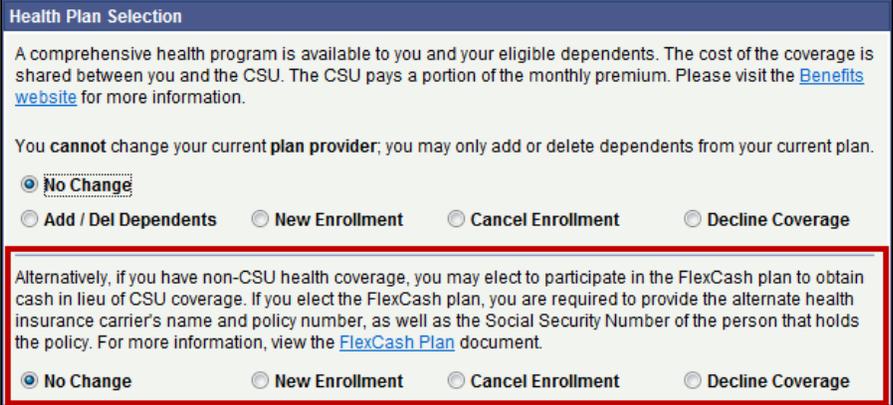
Processing Steps	Screen Shots																																																																																																																
<p><b>Step 12:</b> The Life Event Rules chart appears.</p>  <p>Carefully review the information on the Life Event that you are entering to determine which benefits you are eligible to modify for the life event.</p> <p>Then click <b>Continue</b>.</p>	<p><b>Life Events</b></p> <p>Philip Pirrip</p> <p>Life Event Rules</p> <p>Please review the chart below to determine what actions you can take for your life event. All events listed qualify as a change in status only if they result in a gain or loss of eligibility under the CSU or another plan. Please note that these are the most common life events, but there may be exceptions to these rules depending on your specific situation. Any change you make should correspond with the Life Event information you submitted on the prior page.</p> <p>If the change you wish to make does not have a Yes or No in the table below or you are unsure about what options you have, please contact Benefits at 657-278-2425.</p> <table border="1" data-bbox="597 491 1468 953"> <thead> <tr> <th>Life Event</th> <th>Switch to Health / Dental FlexCash?</th> <th>Switch from or Cancel Health / Dental FlexCash?</th> <th>Enroll in HCRA / DCRA?</th> <th>Increase HCRA / DCRA amount?</th> <th>Decrease HCRA / DCRA amount?</th> <th>Cancel HCRA / DCRA?</th> </tr> </thead> <tbody> <tr><td>Birth</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>No</td><td>No</td></tr> <tr><td>Adoption</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>No</td><td>No</td></tr> <tr><td>Add Economically Dependent Child</td><td>No</td><td>No</td><td>Yes</td><td>Yes</td><td>No</td><td>No</td></tr> <tr><td>Add Other Dependent</td><td>No</td><td>No</td><td>Yes</td><td>Yes</td><td>No</td><td>No</td></tr> <tr><td>Delete Dependent</td><td>No</td><td>No</td><td>No</td><td>No</td><td>Yes</td><td>Yes</td></tr> <tr><td>Marriage</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr><td>Domestic Partner</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>No</td><td>No</td></tr> <tr><td>Divorce</td><td>No</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr><td>Legal Separation</td><td>No</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr><td>Annulment</td><td>No</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr><td>Death of Spouse</td><td>No</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td><td>Yes</td></tr> <tr><td>Death of Domestic Partner</td><td>No</td><td>Yes</td><td>No</td><td>No</td><td>Yes</td><td>Yes</td></tr> <tr><td>Dissolution of Domestic Partner</td><td>No</td><td>Yes</td><td>No</td><td>No</td><td>Yes</td><td>Yes</td></tr> <tr><td>Gain of Alternate Non-CSU Coverage</td><td>Yes</td><td>Yes</td><td>*</td><td>*</td><td>*</td><td>*</td></tr> <tr><td>Loss of Alternate Non-CSU Coverage</td><td>No</td><td>Yes</td><td>*</td><td>*</td><td>*</td><td>*</td></tr> </tbody> </table> <p><b>Continue</b> Click <b>Continue</b> to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.</p>	Life Event	Switch to Health / Dental FlexCash?	Switch from or Cancel Health / Dental FlexCash?	Enroll in HCRA / DCRA?	Increase HCRA / DCRA amount?	Decrease HCRA / DCRA amount?	Cancel HCRA / DCRA?	Birth	Yes	Yes	Yes	Yes	No	No	Adoption	Yes	Yes	Yes	Yes	No	No	Add Economically Dependent Child	No	No	Yes	Yes	No	No	Add Other Dependent	No	No	Yes	Yes	No	No	Delete Dependent	No	No	No	No	Yes	Yes	Marriage	Yes	Yes	Yes	Yes	Yes	Yes	Domestic Partner	Yes	Yes	Yes	Yes	No	No	Divorce	No	Yes	Yes	Yes	Yes	Yes	Legal Separation	No	Yes	Yes	Yes	Yes	Yes	Annulment	No	Yes	Yes	Yes	Yes	Yes	Death of Spouse	No	Yes	Yes	Yes	Yes	Yes	Death of Domestic Partner	No	Yes	No	No	Yes	Yes	Dissolution of Domestic Partner	No	Yes	No	No	Yes	Yes	Gain of Alternate Non-CSU Coverage	Yes	Yes	*	*	*	*	Loss of Alternate Non-CSU Coverage	No	Yes	*	*	*	*
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Field	Definition																																																																																																																
Life Event	The common life events available.																																																																																																																
Switch to Health/Dental FlexCash?	Indicates whether you can switch to Health FlexCash or Dental FlexCash from your current health or dental plan.																																																																																																																
Switch from or Cancel Health/Dental FlexCash?	Indicates whether you can switch from or cancel your current Health FlexCash or Dental FlexCash and enroll in a health or dental plan.																																																																																																																
Enroll in HCRA/DCRA?	Indicates whether you can enroll in a new HCRA or DCRA plan.																																																																																																																
Increase HCRA/DCRA amount?	Indicates whether you can increase the monthly contribution amount for your HCRA or DCRA plan.																																																																																																																
Decrease HCRA/DCRA amount?	Indicates whether you can decrease the monthly contribution amount for your HCRA or DCRA plan.																																																																																																																
Cancel HCRA/DCRA?	Indicates whether you can cancel your current HCRA or DCRA plan.																																																																																																																

Processing Steps	Screen Shots				
<p>The Life Events page will allow you to make changes to your benefits.</p> <p> Carefully read all of the information on this screen before making any selections.</p> <p>Click on the information icon (  ) to learn more about the various Benefit programs, eligibility, and enrollment.</p> <p>Clicking on hyperlinks on this screen will also allow you to view more information about a particular topic.</p>	<div data-bbox="607 239 1166 260"> <p><b>Benefits Enrollment</b></p> </div> <div data-bbox="607 268 1166 289"> <p><b>Life Events</b></p> </div> <div data-bbox="607 302 1166 352"> <p>Philip Pirrip Use this page to submit changes to your current benefits due to a Life Event. You only have 60 days from the Event Date to make any changes to your benefits.</p> </div> <div data-bbox="607 365 1166 415"> <p>Deletion of dependents may fall under a mandatory effective date based on the date of the event. For example, if a divorce was effective 03/20/2013 and you report the divorce to Benefits on 06/14/2013, the dependent will be deleted with an effective date of 04/01/2013.</p> </div> <div data-bbox="607 428 1166 457"> <p>For questions regarding your benefits information, please contact Benefits at 657-278-2425 or you can visit the <a href="#">Benefits website</a>.</p> </div> <div data-bbox="607 478 1166 508"> <p> Click the information icon to learn more about various Benefit programs, eligibility, and enrollment.</p> </div> <div data-bbox="607 520 1166 571"> <p> Have you completed the eBenefits Self-Service Electronic Signature Authorization Form? This form must be on file with the Benefits Office in order for you to enroll or change your benefits selections. Click <a href="#">here</a> to complete the form.</p> </div> <div data-bbox="607 583 1166 655"> <p><b>Instructions:</b> 1. Complete and sign the form. 2. Send the form to Human Resources at CP-700. Scanned copies sent by email will be accepted.  If you have any questions, please contact Human Resources at (657) 278-2425.</p> </div> <div data-bbox="607 667 1166 697"> <p><b>Life Event</b></p> </div> <div data-bbox="607 697 1166 726"> <p>You have indicated that you are performing the following life event change:</p> </div> <div data-bbox="607 726 1166 747"> <table border="1"> <tr> <td>Life Event</td> <td>Marriage</td> <td>Event Date</td> <td>03/03/2013</td> </tr> </table> </div> <div data-bbox="607 747 1166 768"> <p><b>Marital Status</b></p> </div> <div data-bbox="607 768 1166 789"> <p>Please indicate your current or new marital status.</p> </div> <div data-bbox="607 789 1166 819"> <p>*Marital Status <input type="text"/></p> </div> <div data-bbox="607 831 1166 852"> <p><b>Health Plan Selection</b></p> </div> <div data-bbox="607 852 1166 903"> <p>A comprehensive health program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> </div> <div data-bbox="607 915 1166 936"> <p>You cannot change your current plan provider, you may only add or delete dependents from your current plan.</p> </div> <div data-bbox="607 936 1166 978"> <p><input checked="" type="radio"/> No Change <input type="radio"/> Add / Del Dependents <input type="radio"/> New Enrollment <input type="radio"/> Cancel Enrollment <input type="radio"/> Decline Coverage</p> </div> <div data-bbox="607 999 1166 1050"> <p>Alternatively, if you have non-CSU health coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate health insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> </div> <div data-bbox="607 1062 1166 1083"> <p><input checked="" type="radio"/> No Change <input type="radio"/> New Enrollment <input type="radio"/> Cancel Enrollment <input type="radio"/> Decline Coverage</p> </div> <div data-bbox="607 1096 1166 1117"> <p><b>Dental Plan Selection</b></p> </div> <div data-bbox="607 1117 1166 1167"> <p>A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> </div> <div data-bbox="607 1180 1166 1209"> <p>You can not change your current plan provider, you may only add or delete dependents from your current plan.</p> </div> <div data-bbox="607 1209 1166 1251"> <p><input checked="" type="radio"/> No Change <input type="radio"/> Add / Del Dependents <input type="radio"/> New Enrollment <input type="radio"/> Cancel Enrollment <input type="radio"/> Decline Coverage</p> </div> <div data-bbox="607 1272 1166 1323"> <p>Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> </div> <div data-bbox="607 1335 1166 1356"> <p><input checked="" type="radio"/> No Change <input type="radio"/> New Enrollment <input type="radio"/> Cancel Enrollment <input type="radio"/> Decline Coverage</p> </div> <div data-bbox="607 1369 1166 1390"> <p><b>Vision Plan</b></p> </div> <div data-bbox="607 1390 1166 1419"> <p>The CSU provides vision coverage through Vision Service Plan (VSP). The CSU pays the full cost of your monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> </div> <div data-bbox="607 1432 1166 1453"> <p><b>Flex Spending Accounts</b></p> </div> <div data-bbox="607 1453 1166 1545"> <p>The <a href="#">Health Care Reimbursement Account</a> (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars for you and your eligible dependents. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$208.33 (annual maximum is \$2500). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> </div> <div data-bbox="607 1558 1166 1579"> <p><input checked="" type="radio"/> No Change <input type="radio"/> New Enrollment <input type="radio"/> Change Monthly Amount <input type="radio"/> Cancel Enrollment</p> </div> <div data-bbox="607 1600 1166 1713"> <p>The <a href="#">Dependent Care Reimbursement Account</a> (DCRA) is a voluntary benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible dependents include children under the age of 13, incapacitated spouse, or other adult dependents who you can claim as an exemption on your federal tax return. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$415.66 (annual maximum is \$5000). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> </div> <div data-bbox="607 1726 1166 1747"> <p><input checked="" type="radio"/> No Change <input type="radio"/> New Enrollment <input type="radio"/> Change Monthly Amount <input type="radio"/> Cancel Enrollment</p> </div> <div data-bbox="607 1759 1166 1801"> <p>Use the section below to add new dependents and/or enroll existing eligible dependents in your Health, Dental and/or Vision plans. Supporting documents are required when enrolling dependents. Please click the information icon at the top of this page for more information.</p> </div> <div data-bbox="607 1831 1166 1852"> <p><a href="#">Add New Dependent</a></p> </div> <div data-bbox="607 1873 1166 1902"> <p><b>Continue</b> <input type="button" value="Continue"/> Click Continue to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.</p> </div>	Life Event	Marriage	Event Date	03/03/2013
Life Event	Marriage	Event Date	03/03/2013		

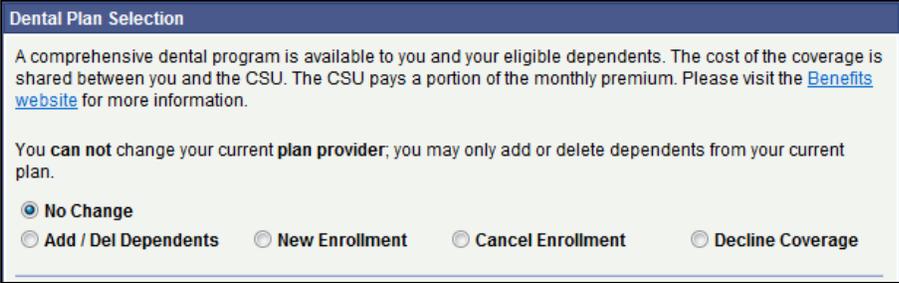
Processing Steps	Screen Shots
<p>The Life Event section shows the type of Life Event that you selected and the date of the event that you entered in steps 7 and 8.</p>	 <p>The screenshot shows a section titled "Life Event" with a blue header. Below the header, it states "You have indicated that you are performing the following life event change:". Underneath, there are two fields: "Life Event" with the value "Marriage" and "Event Date" with the value "03/03/2013".</p>
<p><b>Step 13:</b> Select your current or new marital status from the Marital Status drop-down menu.</p> <p> Even if the Life Event that you are entering is not related to your marital status, you will be required to make a selection.</p>	 <p>The screenshot shows a section titled "Marital Status" with a blue header. Below the header, it says "Please indicate your current or new marital status.". There is a dropdown menu labeled "*Marital Status" with a downward arrow. The dropdown menu is open, showing a list of options: "DissDecl", "Lost Civil Partner", "Divorced", "Domestic Partner", "Married", "Separated", "Single", and "Widowed". The "Married" option is highlighted with a red box.</p>

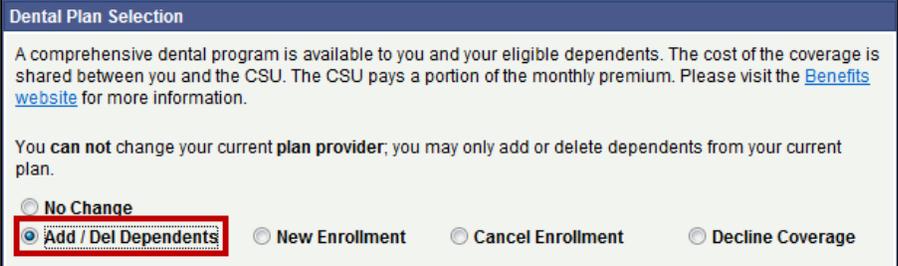
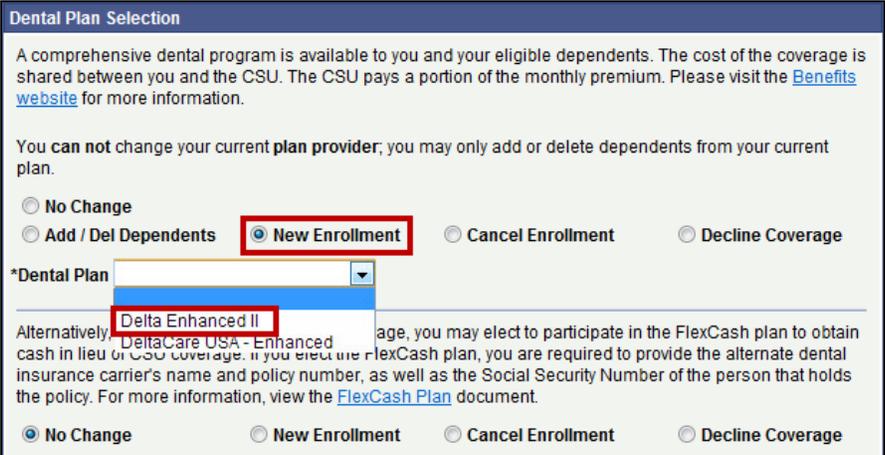
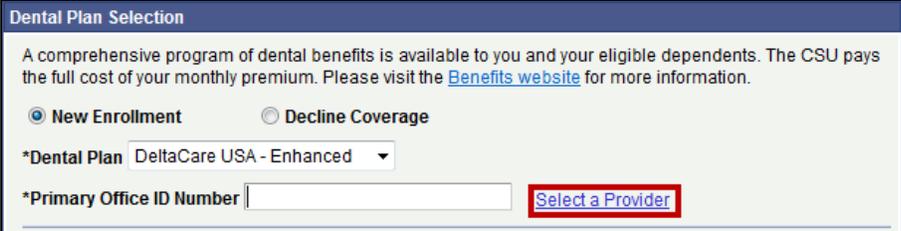
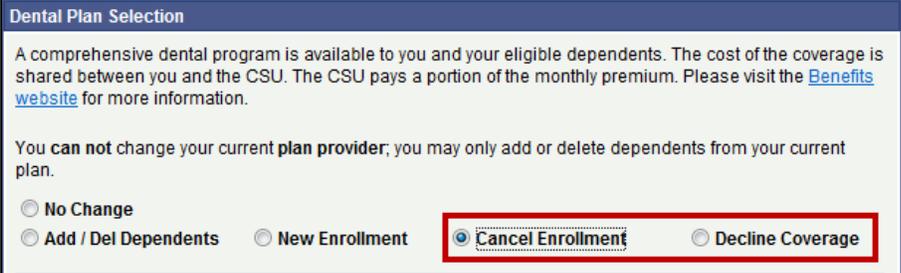
Processing Steps	Screen Shots
<p><b>Making Changes to Current Health Plan</b></p> <p>To change your current health plan after a qualifying life event, follow steps 1-10 in the <a href="#">Navigating to Life Event Changes</a> section on page 21. Then follow the steps below.</p> <p> Check the Life Events Rules table in step 9 of the <a href="#">Navigating to Life Event Changes</a> section on page 25 to see which benefits can be modified for each life event type.</p> <p><b>Step 1:</b> The default setting for the Health Plan Selection section is <i>No Change</i>.</p> <p>To make a change to your current health plan, select one of the radio buttons:</p> <ul style="list-style-type: none"> <li>• <b>No Change:</b> if you do not want to make any changes to your current health plan, select this radio button.</li> <li>• <b>Add/Del Dependents:</b> if you want to add or delete dependents in your current health plan, select this radio button.</li> <li>• <b>New Enrollment:</b> if you currently do not have a health plan, but want to enroll in one due to your life event, select this radio button.</li> <li>• <b>Cancel Enrollment:</b> if you currently have a health plan but want to cancel it due to your life event, select this radio button.</li> <li>• <b>Decline Coverage:</b> if you do not wish to enroll in a health plan, select this radio button.</li> </ul>	

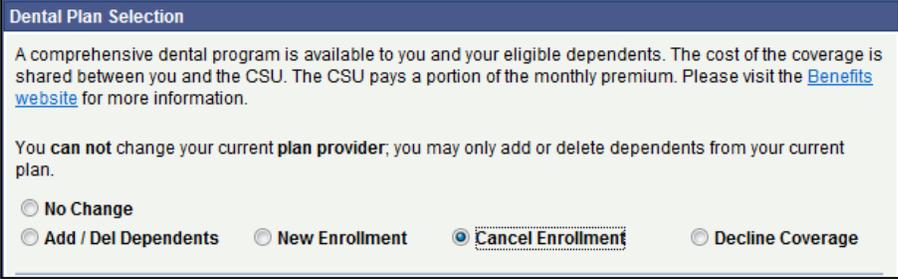
Processing Steps	Screen Shots
<p><b>Step 1a:</b> If you selected <b>Add/Del Dependents</b>, follow the instructions in the <a href="#">Adding and Removing Dependents section</a> on page 40 to add or remove a dependent from your health plan.</p>	 <p><b>Health Plan Selection</b></p> <p>A comprehensive health program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p>You <b>cannot</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change  <input checked="" type="radio"/> <b>Add / Del Dependents</b>            <input type="radio"/> New Enrollment            <input type="radio"/> Cancel Enrollment            <input type="radio"/> Decline Coverage       </p>
<p><b>Step 1b:</b> If you selected <b>New Enrollment</b>, use the drop-down menu to select the Health Plan you wish to enroll in.</p>	 <p><b>Health Plan Selection</b></p> <p>A comprehensive health program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p>You <b>cannot</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change  <input type="radio"/> Add / Del Dependents            <input checked="" type="radio"/> <b>New Enrollment</b>            <input type="radio"/> Cancel Enrollment            <input type="radio"/> Decline Coverage       </p> <p>*Health Plan <span style="border: 1px solid black; padding: 2px;">▼</span></p> <p>Alternatively, if you elect to participate in the FlexCash plan to obtain cash in lieu of health insurance, you are required to provide the alternate health insurance carrier as the Social Security Number of the person that holds the policy. For more information, visit the <a href="#">FlexCash plan document</a>.</p> <p> <input checked="" type="radio"/> No Change            <input type="radio"/> Cancel Enrollment            <input type="radio"/> Decline Coverage       </p> <p><i>Dropdown menu items:</i> Kaiser HMO, PERS Care PPO, PERS Choice PPO, PERS SELECT</p>
<p><b>Step 1c:</b> If you selected either <b>Cancel Enrollment</b> or <b>Decline Coverage</b>, no additional steps are required.</p>	 <p><b>Health Plan Selection</b></p> <p>A comprehensive health program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p>You <b>cannot</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change  <input type="radio"/> Add / Del Dependents            <input type="radio"/> New Enrollment            <input checked="" type="radio"/> <b>Cancel Enrollment</b>            <input type="radio"/> Decline Coverage       </p>
<p><b>Step 2:</b> After selecting all changes to health, dental, flex spending, and/or dependents, skip to the <a href="#">Completing Life Events Elections</a> section on page 44 to complete the process.</p>	 <p><b>Health Plan Selection</b></p> <p>A comprehensive health program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p>You <b>cannot</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change  <input type="radio"/> Add / Del Dependents            <input type="radio"/> New Enrollment            <input checked="" type="radio"/> <b>Cancel Enrollment</b>            <input type="radio"/> Decline Coverage       </p>

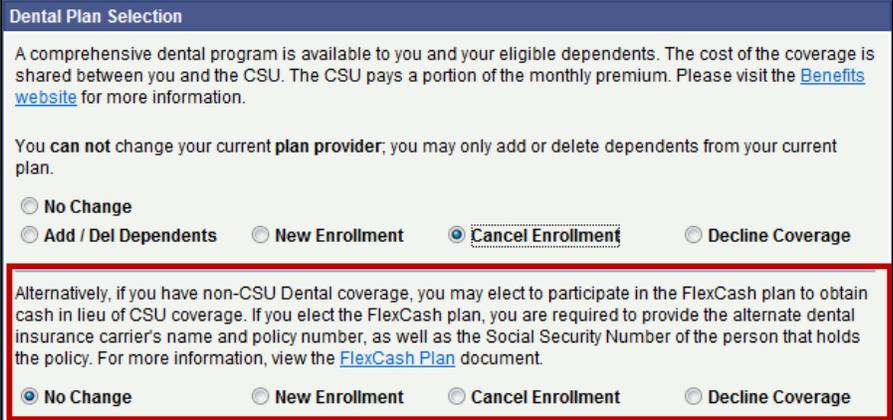
Processing Steps	Screen Shots
<p><b>Making Changes to Current Health FlexCash Plan</b></p> <p>To change your current health FlexCash plan after a qualifying life event, follow steps 1-10 in the <a href="#">Navigating to Life Event Changes</a> section on page 21. Then follow the steps below.</p> <p> Check the Life Events Rules table in step 9 of the <a href="#">Navigating to Life Event Changes</a> section on page 25 to see which benefits can be modified for each life event type.</p> <p><b>Step 1:</b> The default setting for the Health Plan Selection section is <i>No Change</i>.</p> <p>To make a change to your health FlexCash plan, select one of the radio buttons:</p> <ul style="list-style-type: none"> <li>• <b>No Change:</b> if you do not want to make any changes to your current health FlexCash plan, select this radio button. You cannot be enrolled in a health plan and a health flex plan.</li> <li>• <b>New Enrollment:</b> if you currently do not have the health FlexCash plan but want to enroll in it due to your life event, select this radio button.</li> <li>• <b>Cancel Enrollment:</b> if you currently have a health FlexCash plan but want to cancel it due to your life event, select this radio button.</li> <li>• <b>Decline Coverage:</b> if you do not wish to enroll in a health flex plan, select this radio button.</li> </ul>	

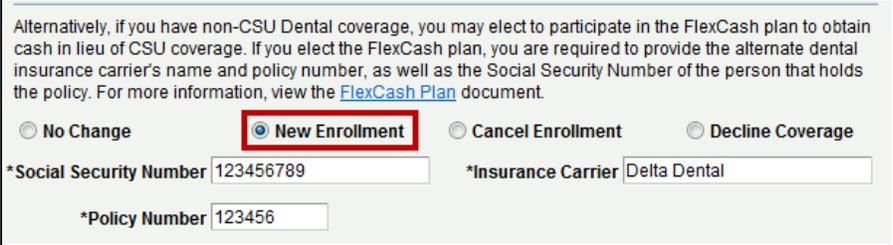
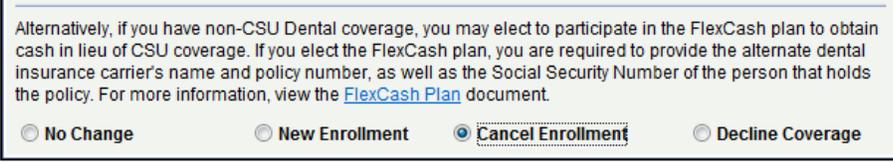
Processing Steps	Screen Shots
<p><b>Step 1a:</b> If you selected <b>New Enrollment</b>, you will need to provide information on your alternate health insurance policy.</p> <p>Enter the following:</p> <ul style="list-style-type: none"> <li>• <b>Social Security Number:</b> this is the social security number of the person who holds the alternate health policy under which you are covered.</li> <li>• <b>Insurance Carrier:</b> the name of the alternate health insurance carrier.</li> <li>• <b>Policy Number:</b> the policy number of the alternate health insurance policy.</li> </ul>	<div data-bbox="586 275 1487 520"> <p>Alternatively, if you have non-CSU health coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate health insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> <p> <input type="radio"/> No Change                        <input checked="" type="radio"/> <b>New Enrollment</b>                        <input type="radio"/> Cancel Enrollment                        <input type="radio"/> Decline Coverage                 </p> <p>*Social Security Number <input type="text" value="123456789"/>      *Insurance Carrier <input type="text" value="Blue Shield"/></p> <p>*Policy Number <input type="text" value="123456"/></p> </div>
<p><b>Step 1b:</b> If you selected either <b>Cancel Enrollment</b> or <b>Decline Coverage</b>, no additional steps are required.</p>	<div data-bbox="586 953 1487 1115"> <p>Alternatively, if you have non-CSU health coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate health insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> <p> <input type="radio"/> No Change                        <input type="radio"/> New Enrollment                        <input checked="" type="radio"/> <b>Cancel Enrollment</b>                        <input type="radio"/> Decline Coverage                 </p> </div>
<p><b>Step 2:</b> After selecting all changes to health, dental, flex spending, and/or dependents, skip to the <a href="#">Completing Life Events Elections</a> section on page 44 to complete the process.</p>	<div data-bbox="586 1205 1487 1367"> <p>Alternatively, if you have non-CSU health coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate health insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> <p> <input type="radio"/> No Change                        <input type="radio"/> New Enrollment                        <input checked="" type="radio"/> <b>Cancel Enrollment</b>                        <input type="radio"/> Decline Coverage                 </p> </div>

Processing Steps	Screen Shots
<p><b>Making Changes to Current Dental Plan</b></p> <p>To change your current dental plan after a qualifying life event, follow steps 1-10 in the <a href="#">Navigating to Life Event Changes</a> section on page 21. Then follow the steps below.</p> <p> Check the Life Events Rules table in step 9 of the <a href="#">Navigating to Life Event Changes</a> section on page 25 to see which benefits can be modified for each life event type.</p> <p><b>Step 1:</b> The default setting for the Dental Plan Selection section is <i>No Change</i>.</p> <p>To make a change to your current dental plan, select one of the radio buttons:</p> <ul style="list-style-type: none"> <li>• <b>No Change:</b> if you do not want to make any changes to your current dental plan, select this radio button.</li> <li>• <b>Add/Del Dependents:</b> if you want to add or delete dependents in your current dental plan, select this radio button.</li> <li>• <b>New Enrollment:</b> if you currently do not have a dental plan, but want to enroll in one due to your life event, select this radio button.</li> <li>• <b>Cancel Enrollment:</b> if you currently have a dental plan but want to cancel it due to your life event, select this radio button.</li> <li>• <b>Decline Coverage:</b> if you currently do not have dental coverage from CSU Fullerton and do not wish to enroll in a dental plan, select this radio button.</li> </ul>	

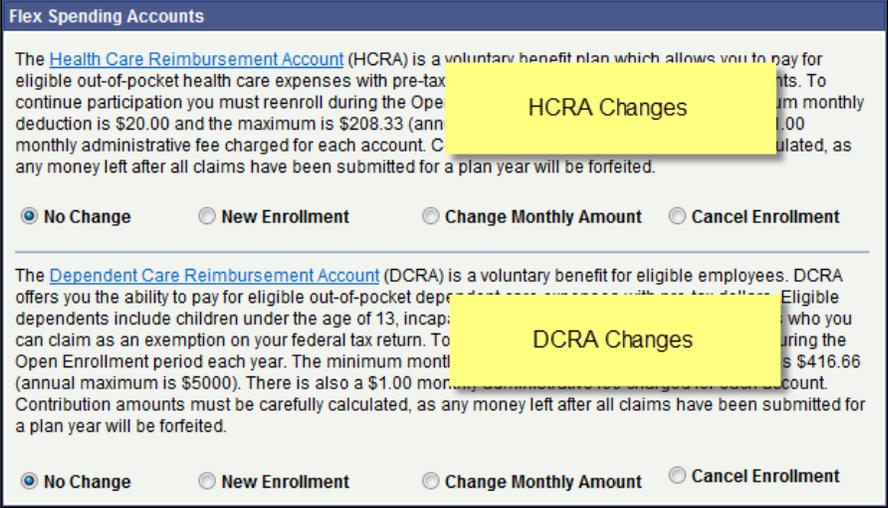
Processing Steps	Screen Shots
<p><b>Step 1a:</b> If you selected <b>Add/Del Dependents</b>, follow the instructions in the <a href="#">Adding and Removing Dependents section</a> on page 40 to add or remove a dependent from your dental plan.</p>	 <p><b>Dental Plan Selection</b></p> <p>A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p>You <b>can not</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change  <input checked="" type="radio"/> <b>Add / Del Dependents</b> <input type="radio"/> New Enrollment         <input type="radio"/> Cancel Enrollment         <input type="radio"/> Decline Coverage       </p>
<p><b>Step 1b:</b> If you selected <b>New Enrollment</b>, use the drop-down menu to select the Dental Plan you wish to enroll in.</p>	 <p><b>Dental Plan Selection</b></p> <p>A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p>You <b>can not</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change  <input type="radio"/> Add / Del Dependents  <input checked="" type="radio"/> <b>New Enrollment</b> <input type="radio"/> Cancel Enrollment         <input type="radio"/> Decline Coverage       </p> <p>*Dental Plan <span style="border: 1px solid black; padding: 2px;">Delta Enhanced II</span></p> <p>Alternatively, <span style="border: 1px solid black; padding: 2px;">DeltaCare USA - Enhanced</span> page, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> <p> <input checked="" type="radio"/> No Change  <input type="radio"/> New Enrollment  <input type="radio"/> Cancel Enrollment  <input type="radio"/> Decline Coverage       </p>
<p><b>Step 1b1:</b> If you select <i>DeltaCare USA-Enhanced</i> as your Dental Plan, you will need to provide the Primary Office ID Number.</p> <p>Click on the <b>Select a Provider</b> link to search for a Primary Dental Office ID.</p>	 <p><b>Dental Plan Selection</b></p> <p>A comprehensive program of dental benefits is available to you and your eligible dependents. The CSU pays the full cost of your monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p> <input checked="" type="radio"/> New Enrollment  <input type="radio"/> Decline Coverage       </p> <p>*Dental Plan <span style="border: 1px solid black; padding: 2px;">DeltaCare USA - Enhanced</span></p> <p>*Primary Office ID Number <input type="text"/> <span style="border: 1px solid black; padding: 2px;">Select a Provider</span></p>
<p><b>Step 1c:</b> If you selected either <b>Cancel Enrollment</b> or <b>Decline Coverage</b>, no additional steps are required.</p>	 <p><b>Dental Plan Selection</b></p> <p>A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p>You <b>can not</b> change your current <b>plan provider</b>; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change  <input type="radio"/> Add / Del Dependents  <input type="radio"/> New Enrollment  <input checked="" type="radio"/> <b>Cancel Enrollment</b> <input type="radio"/> Decline Coverage       </p>

Processing Steps	Screen Shots
<p><b>Step 2:</b>                      After selecting all changes to health, dental, flex spending, and/or dependents, skip to the <a href="#">Completing Life Events Elections</a> section on page 44 to complete the process.</p>	 <p><b>Dental Plan Selection</b></p> <p>A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p>You can not change your current plan provider; you may only add or delete dependents from your current plan.</p> <p> <input type="radio"/> No Change             <input type="radio"/> Add / Del Dependents             <input type="radio"/> New Enrollment             <input checked="" type="radio"/> Cancel Enrollment             <input type="radio"/> Decline Coverage         </p>

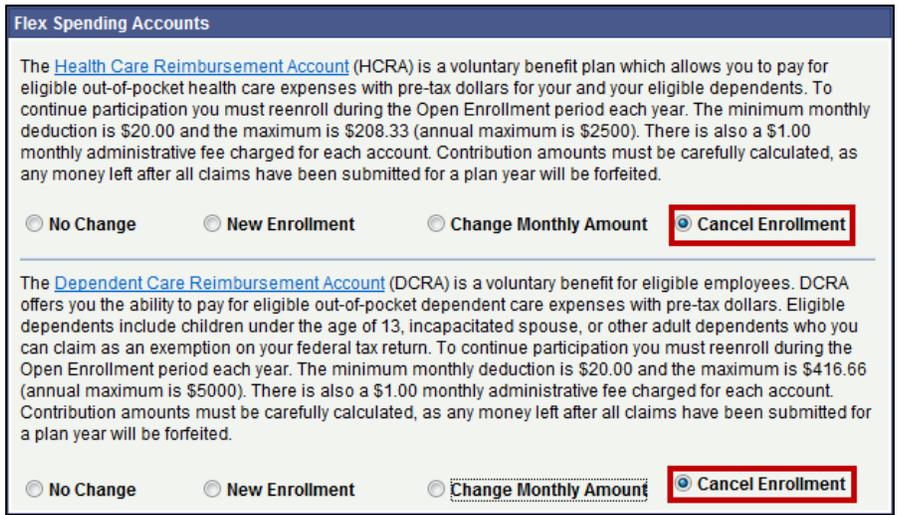
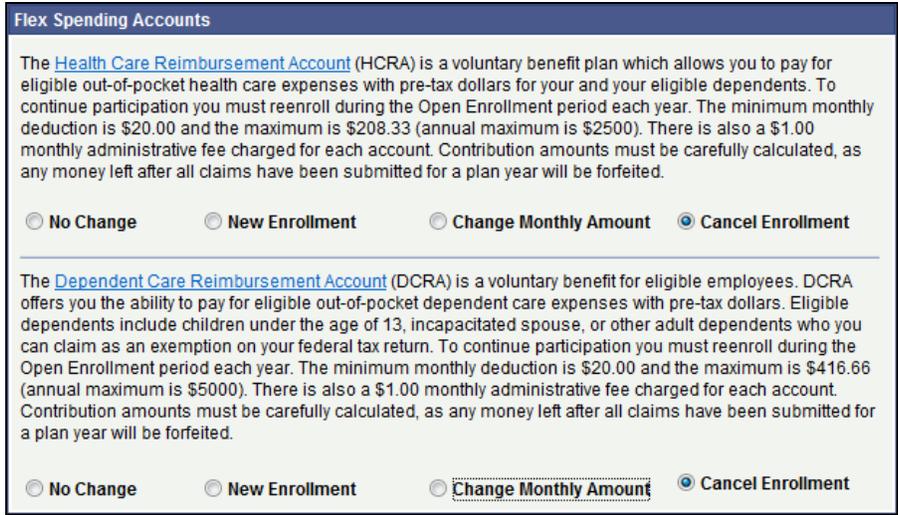
Processing Steps	Screen Shots
<p><b>Making Changes to Current Dental FlexCash Plan</b></p> <p>To change your current dental FlexCash plan after a qualifying life event, follow steps 1-10 in the <a href="#">Navigating to Life Event Changes</a> section on page 21. Then follow the steps below.</p> <p> Check the Life Events Rules table in step 9 of the <a href="#">Navigating to Life Event Changes</a> section on page 25 to see which benefits can be modified for each life event type.</p> <p><b>Step 1:</b> The default setting for the Dental Plan Selection section is <i>No Change</i>.</p> <p>To make a change to your dental FlexCash plan, select one of the radio buttons:</p> <ul style="list-style-type: none"> <li>• <b>No Change:</b> if you do not want to make any changes to your current dental FlexCash plan, select this radio button. You cannot be enrolled in a dental plan and a dental flex plan.</li> <li>• <b>New Enrollment:</b> if you currently do not have the dental FlexCash plan but want to enroll in it due to your life event, select this radio button.</li> <li>• <b>Cancel Enrollment:</b> if you currently have a dental FlexCash plan but want to cancel it due to your life event, select this radio button.</li> <li>• <b>Decline Coverage:</b> if you do not wish to enroll in a dental flex plan, select this radio button.</li> </ul>	

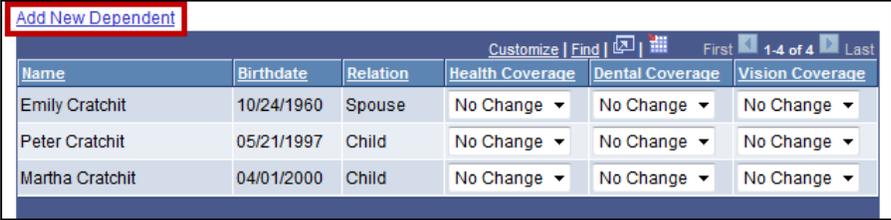
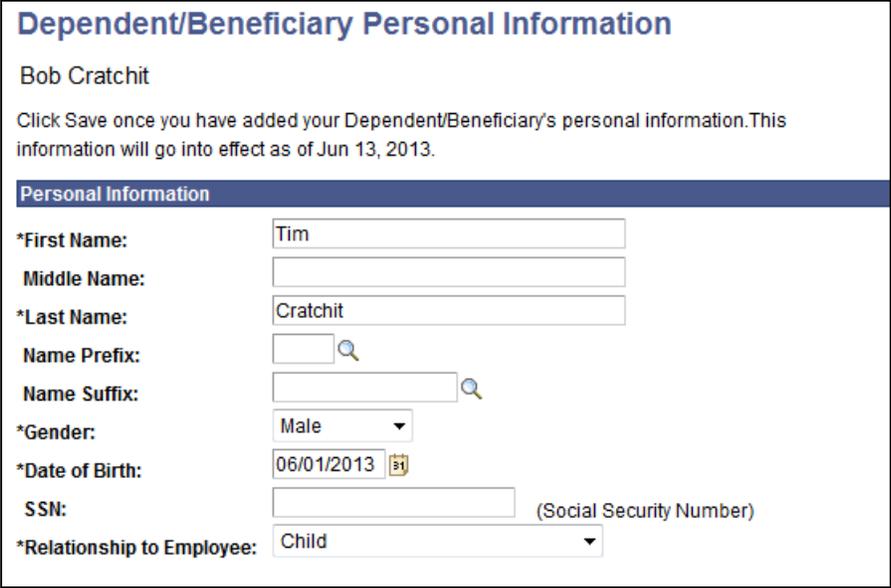
Processing Steps	Screen Shots
<p><b>Step 1a:</b> If you selected <b>New Enrollment</b>, you will need to provide information on your alternate dental insurance policy.</p> <p>Enter the following:</p> <ul style="list-style-type: none"> <li>• <b>Social Security Number:</b> this is the social security number of the person who holds the alternate dental policy under which you are covered.</li> <li>• <b>Insurance Carrier:</b> the name of the alternate dental insurance carrier.</li> <li>• <b>Policy Number:</b> the policy number of the alternate dental insurance policy.</li> </ul>	 <p>Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> <p> <input type="radio"/> No Change            <input checked="" type="radio"/> <b>New Enrollment</b>            <input type="radio"/> Cancel Enrollment            <input type="radio"/> Decline Coverage     </p> <p>*Social Security Number <input type="text" value="123456789"/>    *Insurance Carrier <input type="text" value="Delta Dental"/></p> <p>*Policy Number <input type="text" value="123456"/></p>
<p><b>Step 1b:</b> If you selected either <b>Cancel Enrollment</b> or <b>Decline Coverage</b>, no additional steps are required.</p>	 <p>Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> <p> <input type="radio"/> No Change            <input type="radio"/> New Enrollment            <input checked="" type="radio"/> <b>Cancel Enrollment</b>            <input type="radio"/> Decline Coverage     </p>
<p><b>Step 2:</b> After selecting all changes to health, dental, flex spending, and/or dependents, skip to the <a href="#">Completing Life Events Elections</a> section on page 44 to complete the process.</p>	 <p>Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document.</p> <p> <input type="radio"/> No Change            <input type="radio"/> New Enrollment            <input checked="" type="radio"/> <b>Cancel Enrollment</b>            <input type="radio"/> Decline Coverage     </p>

Processing Steps	Screen Shots
<p><b>Making Changes to Current Vision Plan</b></p> <p>The CSU automatically enrolls you (the employee) in a vision plan when you enroll in benefits for the first time. There is no option to change your vision benefits.</p> <p>If you add a new dependent, you can elect to add Vision Coverage for them.</p> <p>When you remove a dependent's benefits, you can elect to remove their Vision Coverage (if applicable).</p> <p>Follow the instructions in the <a href="#">Adding and Removing Dependents section</a> on page 41 to add or remove a dependent from your vision plan.</p>	

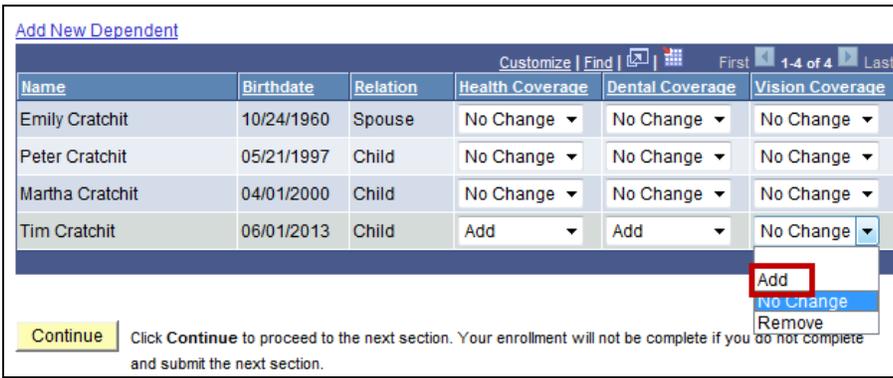
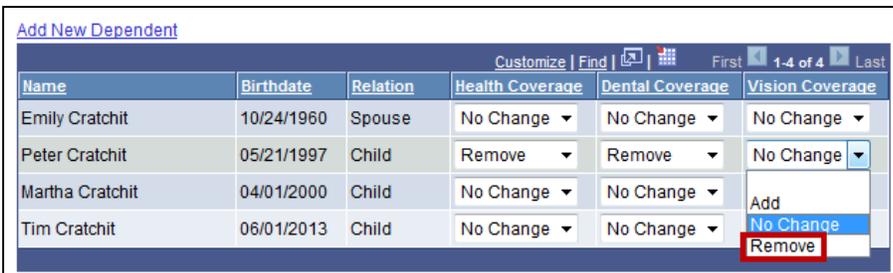
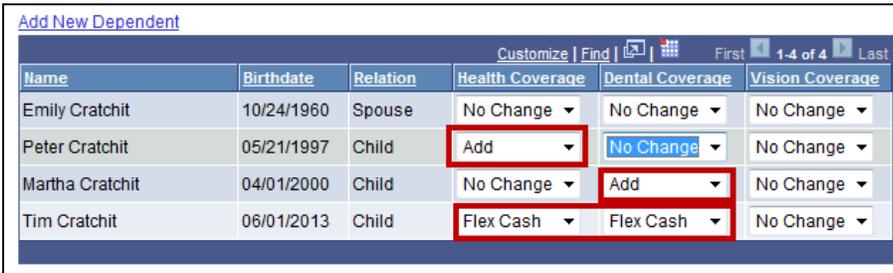
Processing Steps	Screen Shots
<p><b>Making Changes to Current Flex Spending Health (HCRA) and/or Flex Spending Dependent (DCRA) Plan</b></p> <p>To change your current HCRA and/or DCRA plan after a qualifying life event, follow steps 1-10 in the <a href="#">Navigating to Life Event Changes</a> section on page 21. Then follow the steps below.</p> <p> Check the Life Events Rules table in step 9 of the <a href="#">Navigating to Life Event Changes</a> section on page 25 to see which benefits can be modified for each life event type.</p> <p><b>Step 1:</b> The default setting for the Flex Spending Accounts section is <i>No Change</i>.</p> <p>To make a change to your HCRA and/or DCRA plan, select one of the radio buttons:</p> <ul style="list-style-type: none"> <li>• <b>No Change:</b> if you do not want to make any changes to your current HCRA and/or DCRA plan, select this radio button.</li> <li>• <b>New Enrollment:</b> if you currently do not have the HCRA and/or DCRA plan but want to enroll in one or both of them due to your life event, select this radio button.</li> <li>• <b>Change Monthly Amount:</b> if you want to change your monthly contribution amount for your current HCRA and/or DCRA plan due to your life event, select this radio button.</li> <li>• <b>Cancel Enrollment:</b> if you currently have the HCRA and/or DCRA plan but want to cancel it due to your life event, select this radio button.</li> </ul>	 <p><b>Flex Spending Accounts</b></p> <p>The <a href="#">Health Care Reimbursement Account (HCRA)</a> is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly contribution is \$20.00 and the maximum is \$208.33 (annual maximum is \$5000). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p><input checked="" type="radio"/> No Change    <input type="radio"/> New Enrollment    <input type="radio"/> Change Monthly Amount    <input type="radio"/> Cancel Enrollment</p> <hr/> <p><b>Flex Spending Accounts</b></p> <p>The <a href="#">Dependent Care Reimbursement Account (DCRA)</a> is a voluntary benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible dependents include children under the age of 13, incapacitated individuals, and individuals who you can claim as an exemption on your federal tax return. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly contribution is \$16.66 and the maximum is \$416.66 (annual maximum is \$5000). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p><input checked="" type="radio"/> No Change    <input type="radio"/> New Enrollment    <input type="radio"/> Change Monthly Amount    <input type="radio"/> Cancel Enrollment</p>

Processing Steps	Screen Shots
<p><b>Step 1a:</b> If you selected <b>New Enrollment</b> for either HCRA or DCRA, you will need to enter the amount of your monthly contribution.</p>	<div data-bbox="586 275 1479 852"> <p><b>Flex Spending Accounts</b></p> <p>The <a href="#">Health Care Reimbursement Account (HCRA)</a> is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars for you and your eligible dependents. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$208.33 (annual maximum is \$2500). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p> <input type="radio"/> No Change                        <input checked="" type="radio"/> <b>New Enrollment</b>                        <input type="radio"/> Change Monthly Amount                        <input type="radio"/> Cancel Enrollment                 </p> <p>*Monthly HCRA Amount <input type="text" value="\$200.00"/> ←</p> <p>The <a href="#">Dependent Care Reimbursement Account (DCRA)</a> is a voluntary benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible dependents include children under the age of 13, incapacitated spouse, or other adult dependents who you can claim as an exemption on your federal tax return. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$416.66 (annual maximum is \$5000). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p> <input type="radio"/> No Change                        <input checked="" type="radio"/> <b>New Enrollment</b>                        <input type="radio"/> Change Monthly Amount                        <input type="radio"/> Cancel Enrollment                 </p> <p>*Monthly DCRA Amount <input type="text" value="200"/> ←</p> </div>
<p><b>Step 1b:</b> If you selected <b>Change Monthly Amount</b> for either HCRA or DCRA, you will need to enter the new monthly contribution amount.</p>	<div data-bbox="586 947 1479 1524"> <p><b>Flex Spending Accounts</b></p> <p>The <a href="#">Health Care Reimbursement Account (HCRA)</a> is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars for you and your eligible dependents. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$208.33 (annual maximum is \$2500). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p> <input type="radio"/> No Change                        <input type="radio"/> New Enrollment                        <input checked="" type="radio"/> <b>Change Monthly Amount</b>                        <input type="radio"/> Cancel Enrollment                 </p> <p>*Monthly HCRA Amount <input type="text" value="400"/> ←</p> <p>The <a href="#">Dependent Care Reimbursement Account (DCRA)</a> is a voluntary benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible dependents include children under the age of 13, incapacitated spouse, or other adult dependents who you can claim as an exemption on your federal tax return. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$416.66 (annual maximum is \$5000). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p> <input type="radio"/> No Change                        <input type="radio"/> New Enrollment                        <input checked="" type="radio"/> <b>Change Monthly Amount</b>                        <input type="radio"/> Cancel Enrollment                 </p> <p>*Monthly DCRA Amount <input type="text" value="400"/> ←</p> </div>

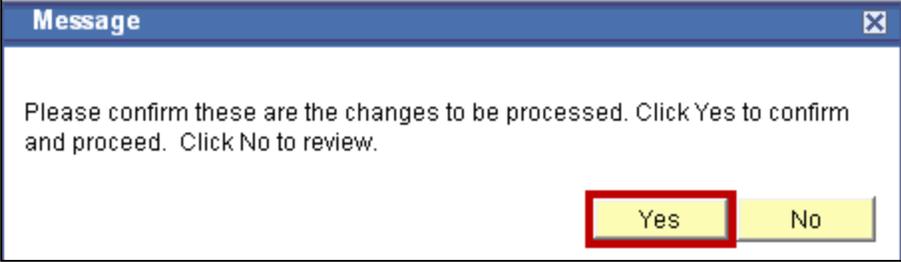
Processing Steps	Screen Shots
<p><b>Step 1c:</b> If you selected <b>Cancel Enrollment</b> no additional steps are required.</p>	 <p><b>Flex Spending Accounts</b></p> <p>The <a href="#">Health Care Reimbursement Account (HCRA)</a> is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars for you and your eligible dependents. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$208.33 (annual maximum is \$2500). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p> <input type="radio"/> No Change                <input type="radio"/> New Enrollment                <input type="radio"/> Change Monthly Amount                <input checked="" type="radio"/> <b>Cancel Enrollment</b> </p> <hr/> <p>The <a href="#">Dependent Care Reimbursement Account (DCRA)</a> is a voluntary benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible dependents include children under the age of 13, incapacitated spouse, or other adult dependents who you can claim as an exemption on your federal tax return. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$416.66 (annual maximum is \$5000). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p> <input type="radio"/> No Change                <input type="radio"/> New Enrollment                <input type="radio"/> Change Monthly Amount                <input checked="" type="radio"/> <b>Cancel Enrollment</b> </p>
<p><b>Step 2:</b> After selecting all changes to health, dental, flex spending, and/or dependents, skip to the <a href="#">Completing Life Events Elections</a> section on page 44 to complete the process.</p>	 <p><b>Flex Spending Accounts</b></p> <p>The <a href="#">Health Care Reimbursement Account (HCRA)</a> is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars for you and your eligible dependents. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$208.33 (annual maximum is \$2500). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p> <input type="radio"/> No Change                <input type="radio"/> New Enrollment                <input type="radio"/> Change Monthly Amount                <input checked="" type="radio"/> <b>Cancel Enrollment</b> </p> <hr/> <p>The <a href="#">Dependent Care Reimbursement Account (DCRA)</a> is a voluntary benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible dependents include children under the age of 13, incapacitated spouse, or other adult dependents who you can claim as an exemption on your federal tax return. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$416.66 (annual maximum is \$5000). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited.</p> <p> <input type="radio"/> No Change                <input type="radio"/> New Enrollment                <input type="radio"/> Change Monthly Amount                <input checked="" type="radio"/> <b>Cancel Enrollment</b> </p>

Processing Steps	Screen Shots
<p><b>Adding and Removing Dependents</b></p> <p>To add or remove dependents after a qualifying life event, follow steps 1-10 in the <a href="#">Navigating to Life Event Changes</a> section on page 21. Then follow the steps below.</p> <p> Check the Life Events Rules table in step 9 of the <a href="#">Navigating to Life Event Changes</a> section on page 25 to see which benefits can be modified for each life event type.</p> <p><b>Adding a New Dependent</b></p> <p><b>Step 1:</b> At the bottom of the Life Events page, your current list of dependents appears.</p> <p>Select <b>Add New Dependent</b>.</p>	
<p><b>Step 2:</b> Enter the personal information of the new dependent.</p> <p> Fields marked with an asterisk (*) are required. Social Security Number is required for <b>all</b> dependents. If Social Security number is not available for a newborn, please provide it as soon as available.</p>	

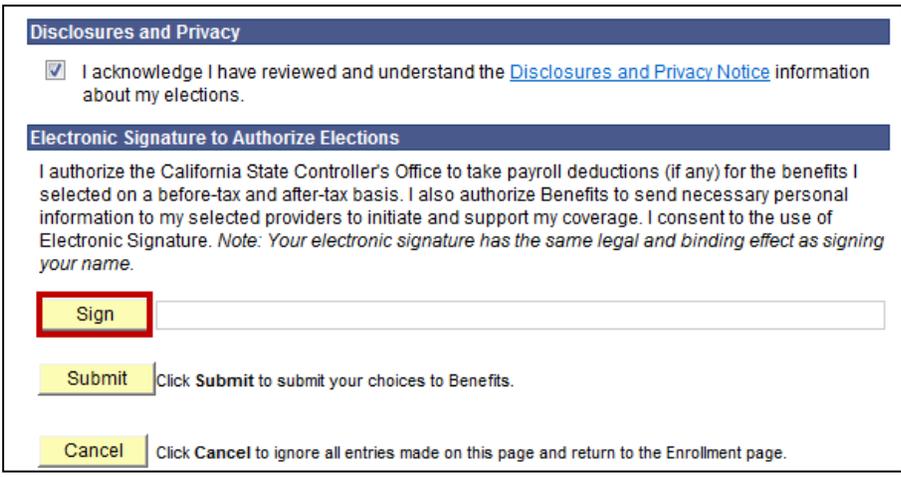
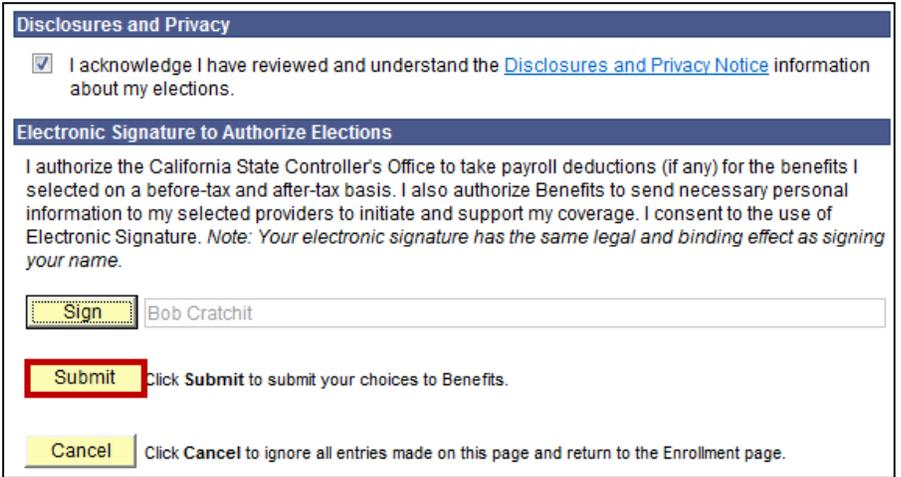
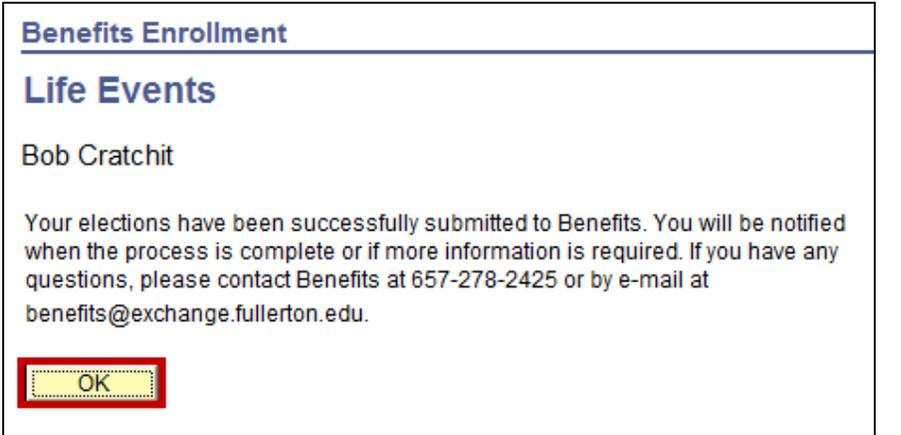
Processing Steps	Screen Shots
<p><b>Step 3:</b> Enter the address and phone number for the new dependent.</p> <p>If the address or phone is the same as yours, you can place a checkmark next to <i>Same Address as Employee</i> or <i>Same Phone as Employee</i>.</p> <p>Then click <b>Save</b>.</p>	
<p><b>Step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

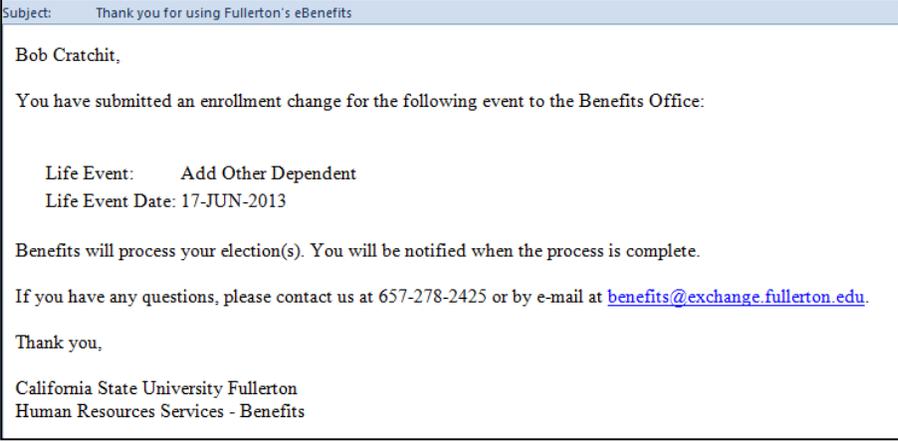
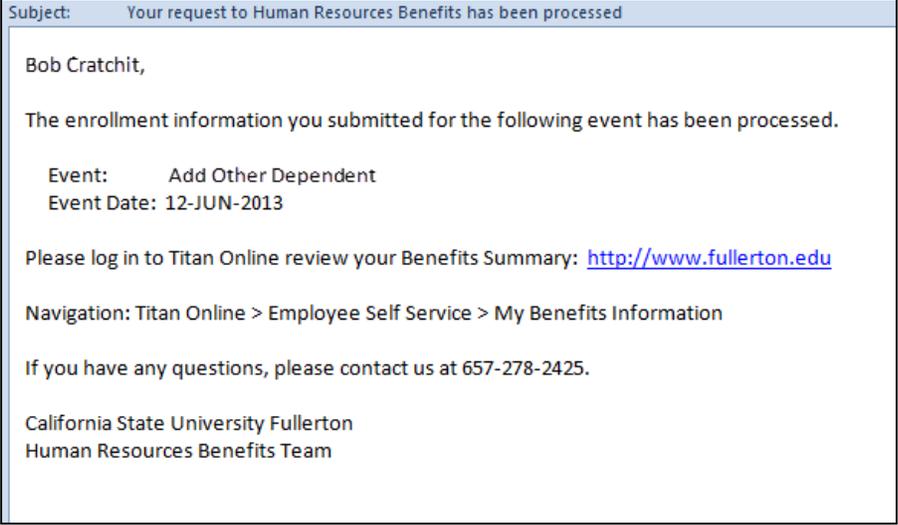
Processing Steps	Screen Shots																														
<p><b>Step 6:</b> The dependent you added appears at the bottom of the table of dependents. You may repeat steps 1-5 to add additional dependents.</p> <p>Use the drop-down menus to select which coverage you wish to add for the new dependent(s).</p>	 <p><b>Add New Dependent</b></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Birthdate</th> <th>Relation</th> <th>Health Coverage</th> <th>Dental Coverage</th> <th>Vision Coverage</th> </tr> </thead> <tbody> <tr> <td>Emily Cratchit</td> <td>10/24/1960</td> <td>Spouse</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Peter Cratchit</td> <td>05/21/1997</td> <td>Child</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Martha Cratchit</td> <td>04/01/2000</td> <td>Child</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Tim Cratchit</td> <td>06/01/2013</td> <td>Child</td> <td>Add</td> <td>Add</td> <td>No Change</td> </tr> </tbody> </table> <p><b>Continue</b> Click <b>Continue</b> to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.</p>	Name	Birthdate	Relation	Health Coverage	Dental Coverage	Vision Coverage	Emily Cratchit	10/24/1960	Spouse	No Change	No Change	No Change	Peter Cratchit	05/21/1997	Child	No Change	No Change	No Change	Martha Cratchit	04/01/2000	Child	No Change	No Change	No Change	Tim Cratchit	06/01/2013	Child	Add	Add	No Change
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<p><b>Removing a Dependent</b></p> <p><b>Step 1:</b> At the bottom of the Life Events page, your current list of dependents appears. Locate the dependent you wish to remove.</p> <p>Use the drop-down menus to select <b>Remove</b> from the Health Coverage, Dental Coverage, and/or Vision Coverage, as applicable.</p>	 <p><b>Add New Dependent</b></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Birthdate</th> <th>Relation</th> <th>Health Coverage</th> <th>Dental Coverage</th> <th>Vision Coverage</th> </tr> </thead> <tbody> <tr> <td>Emily Cratchit</td> <td>10/24/1960</td> <td>Spouse</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Peter Cratchit</td> <td>05/21/1997</td> <td>Child</td> <td>Remove</td> <td>Remove</td> <td>No Change</td> </tr> <tr> <td>Martha Cratchit</td> <td>04/01/2000</td> <td>Child</td> <td>No Change</td> <td>No Change</td> <td>Add</td> </tr> <tr> <td>Tim Cratchit</td> <td>06/01/2013</td> <td>Child</td> <td>No Change</td> <td>No Change</td> <td>Remove</td> </tr> </tbody> </table>	Name	Birthdate	Relation	Health Coverage	Dental Coverage	Vision Coverage	Emily Cratchit	10/24/1960	Spouse	No Change	No Change	No Change	Peter Cratchit	05/21/1997	Child	Remove	Remove	No Change	Martha Cratchit	04/01/2000	Child	No Change	No Change	Add	Tim Cratchit	06/01/2013	Child	No Change	No Change	Remove
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Martha Cratchit	04/01/2000	Child	No Change	No Change	Add																										
Tim Cratchit	06/01/2013	Child	No Change	No Change	Remove																										
<p><b>Modifying a Dependent's Coverage</b></p> <p><b>Step 1:</b> At the bottom of the Life Events page, your current list of dependents appears. Locate the dependent(s) whose coverage you wish to modify.</p> <p>Use the drop-down menus to select the appropriate change for each dependent in the Health Coverage, Dental Coverage, and/or Vision Coverage, as applicable.</p>	 <p><b>Add New Dependent</b></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Birthdate</th> <th>Relation</th> <th>Health Coverage</th> <th>Dental Coverage</th> <th>Vision Coverage</th> </tr> </thead> <tbody> <tr> <td>Emily Cratchit</td> <td>10/24/1960</td> <td>Spouse</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Peter Cratchit</td> <td>05/21/1997</td> <td>Child</td> <td>Add</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Martha Cratchit</td> <td>04/01/2000</td> <td>Child</td> <td>No Change</td> <td>Add</td> <td>No Change</td> </tr> <tr> <td>Tim Cratchit</td> <td>06/01/2013</td> <td>Child</td> <td>Flex Cash</td> <td>Flex Cash</td> <td>No Change</td> </tr> </tbody> </table>	Name	Birthdate	Relation	Health Coverage	Dental Coverage	Vision Coverage	Emily Cratchit	10/24/1960	Spouse	No Change	No Change	No Change	Peter Cratchit	05/21/1997	Child	Add	No Change	No Change	Martha Cratchit	04/01/2000	Child	No Change	Add	No Change	Tim Cratchit	06/01/2013	Child	Flex Cash	Flex Cash	No Change
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Tim Cratchit	06/01/2013	Child	Flex Cash	Flex Cash	No Change																										

Processing Steps	Screen Shots																														
<p><b>Completing Life Events Elections</b></p> <p><b>Step 1:</b> Once you have made all of your elections on the Life Events page, click the <b>Continue</b> button at the bottom of the page.</p>	<p><b>Benefits Enrollment</b> <b>Life Events</b></p> <p>Bob Cratchit Use this page to submit changes to your current benefits due to a Life Event. You only have 60 days from the Event Date to make any changes to your benefits.</p> <p>Deletion of dependents may fall under a mandatory effective date based on the date of the event. For example, if a divorce was effective 03/20/2013 and you report the divorce to Benefits on 06/14/2013, the dependent will be deleted with an effective date of 04/01/2013.</p> <p>For questions regarding your benefits information, please contact Benefits at 657-279-2425 or you can visit the <a href="#">Benefits website</a>.</p> <p>Click the information icon to learn more about various benefit programs, eligibility, and enrollment.</p> <p>Have you completed the eBenefits Self-Service Electronic Signature Authorization Form? This form must be on file with the Benefits Office in order for you to enroll or change your benefits selections. Click <a href="#">here</a> to complete the form.</p> <p><b>Instructions:</b> 1. Complete and sign the form. 2. Send the form to Human Resources at CP-700. Scanned copies sent by email will be accepted. If you have any questions, please contact Human Resources at (657) 278-2425.</p> <p><b>Life Event</b> You have indicated that you are performing the following life event change: <b>Life Event</b> Add Other Dependent      <b>Event Date</b> 06/24/2013</p> <p><b>Marital Status</b> Please indicate your current or new marital status. *Marital Status: Married</p> <p><b>Health Plan Selection</b> A comprehensive health program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information. You cannot change your current plan provider, you may only add or delete dependents from your current plan. <input type="radio"/> No Change <input checked="" type="radio"/> Add / Del Dependents    <input type="radio"/> New Enrollment    <input type="radio"/> Cancel Enrollment    <input type="radio"/> Decline Coverage Alternatively, if you have non-CSU health coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate health insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document. <input checked="" type="radio"/> No Change    <input type="radio"/> New Enrollment    <input type="radio"/> Cancel Enrollment    <input type="radio"/> Decline Coverage</p> <p><b>Dental Plan Selection</b> A comprehensive dental program is available to you and your eligible dependents. The cost of the coverage is shared between you and the CSU. The CSU pays a portion of the monthly premium. Please visit the <a href="#">Benefits website</a> for more information. You can not change your current plan provider, you may only add or delete dependents from your current plan. <input type="radio"/> No Change <input checked="" type="radio"/> Add / Del Dependents    <input type="radio"/> New Enrollment    <input type="radio"/> Cancel Enrollment    <input type="radio"/> Decline Coverage Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the <a href="#">FlexCash Plan</a> document. <input checked="" type="radio"/> No Change    <input type="radio"/> New Enrollment    <input type="radio"/> Cancel Enrollment    <input type="radio"/> Decline Coverage</p> <p><b>Vision Plan</b> The CSU provides vision coverage through Vision Service Plan (VSP). The CSU pays the full cost of your monthly premium. Please visit the <a href="#">Benefits website</a> for more information.</p> <p><b>Flex Spending Accounts</b> <b>Health Care Reimbursement Account (HCRA)</b> is a voluntary benefit plan which allows you to pay for eligible out-of-pocket health care expenses with pre-tax dollars for you and your eligible dependents. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$208.33 (annual maximum is \$2500). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited. <input checked="" type="radio"/> No Change    <input type="radio"/> New Enrollment    <input type="radio"/> Change Monthly Amount    <input type="radio"/> Cancel Enrollment <b>Dependent Care Reimbursement Account (DCRA)</b> is a voluntary benefit for eligible employees. DCRA offers you the ability to pay for eligible out-of-pocket dependent care expenses with pre-tax dollars. Eligible dependents include children under the age of 13, incapacitated spouse, or other adult dependents who you can claim as an exemption on your federal tax return. To continue participation you must reenroll during the Open Enrollment period each year. The minimum monthly deduction is \$20.00 and the maximum is \$418.66 (annual maximum is \$5000). There is also a \$1.00 monthly administrative fee charged for each account. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited. <input checked="" type="radio"/> No Change    <input type="radio"/> New Enrollment    <input type="radio"/> Change Monthly Amount    <input type="radio"/> Cancel Enrollment</p> <p>Use the section below to add new dependents and/or enroll existing eligible dependents in your Health, Dental and/or Vision plans. Supporting documents are required when enrolling dependents. Please click the information icon at the top of this page for more information.</p> <p><b>Add New Dependent</b></p> <table border="1"> <thead> <tr> <th>Name</th> <th>Birthdate</th> <th>Relation</th> <th>Health Coverage</th> <th>Dental Coverage</th> <th>Vision Coverage</th> </tr> </thead> <tbody> <tr> <td>Emily Cratchit</td> <td>10/24/1960</td> <td>Spouse</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Peter Cratchit</td> <td>05/21/1997</td> <td>Child</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Martha Cratchit</td> <td>04/01/2000</td> <td>Child</td> <td>No Change</td> <td>No Change</td> <td>No Change</td> </tr> <tr> <td>Tim Cratchit</td> <td>06/01/2013</td> <td>Child</td> <td>Add</td> <td>Add</td> <td>Add</td> </tr> </tbody> </table> <p><b>Continue</b> Click Continue to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.</p>	Name	Birthdate	Relation	Health Coverage	Dental Coverage	Vision Coverage	Emily Cratchit	10/24/1960	Spouse	No Change	No Change	No Change	Peter Cratchit	05/21/1997	Child	No Change	No Change	No Change	Martha Cratchit	04/01/2000	Child	No Change	No Change	No Change	Tim Cratchit	06/01/2013	Child	Add	Add	Add
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Processing Steps	Screen Shots
<p><b>Step 2:</b> You will receive a pop-up message asking you to confirm that there are changes.</p> <p>Click <b>Yes</b> to continue.</p>	 <p>The screenshot shows a dialog box titled "Message" with a close button (X) in the top right corner. The text inside the dialog box reads: "Please confirm these are the changes to be processed. Click Yes to confirm and proceed. Click No to review." At the bottom right of the dialog box, there are two buttons: "Yes" and "No". The "Yes" button is highlighted with a red rectangular border.</p>

Processing Steps	Screen Shots
<p><b>Step 2:</b> Review the information on this screen carefully before proceeding.</p> <p><b>Effective Date of Coverage:</b> this section will indicate when your new elections will be effective.</p> <p><b>Supporting Documentation:</b> this section will indicate if any additional documentation is needed by the CSUF Benefits office in order to finalize your elections.  If you do not provide this documentation, your benefits cannot be finalized.</p> <p><b>Disclosures and Privacy:</b> click on the hyperlink in this section to read the disclosures and privacy information about the benefit plan(s) you have selected.</p> <p>Once you have read the Disclosures and Privacy Notice, mark the check box to indicate you have read it and understand it.</p>	<div data-bbox="607 289 816 319"><b>Benefits Enrollment</b></div> <hr/> <div data-bbox="607 333 760 365"><b>Life Events</b></div> <p data-bbox="607 390 727 415">Bob Cratchit</p> <div data-bbox="607 422 833 447"><b>Effective Date of Coverage</b></div> <p data-bbox="607 455 1390 520">Benefits will notify you when your enrollment is complete. <b>Health</b> and <b>Dental</b> coverage becomes effective the first of the following month. Coverage for <b>FlexCash Plans</b> and <b>Flexible Spending Accounts</b> become effective the first of the <b>second</b> month.</p> <p data-bbox="607 548 1409 615"><b>Example:</b> If you make Health and/or Dental elections and provide all the supporting documents on 9/25/2013, they will be effective on 10/1/2013. However, if you elect FlexCash and/or enroll in a Flexible Spending Account on 9/25/2013, they will be effective on 11/1/2013.</p> <p data-bbox="607 642 1390 686"><b>Benefit elections are not finalized until you provide the required supporting documentation to Benefits.</b></p> <div data-bbox="607 716 833 741"><b>Supporting Documentation</b></div> <p data-bbox="607 749 1429 816">You must certify your dependent's eligibility for coverage by providing documentation (as described below). Eligible family members include spouses, domestic partners and dependent children under the age of 26.</p> <p data-bbox="607 844 1438 911"><b>To enroll a spouse,</b> a marriage certificate must be provided to Benefits. If you cannot provide a copy of your marriage certificate, you will be required to complete an <a href="#">Affidavit of Marriage/Domestic Partnership</a>.</p> <p data-bbox="607 938 1433 1029"><b>To enroll a domestic partner,</b> a <a href="#">Declaration of Domestic Partnership</a> must be provided to Benefits. Family Code section 297 defines domestic partners as individuals of the same sex or opposite sex if one/both is/are over the age of 62. Currently, health and dental benefits are subject to domestic partner imputed tax liability. Please visit the <a href="#">Domestic Partner Registry</a> website for more information.</p> <p data-bbox="607 1056 1433 1146"><b>To enroll a child,</b> (natural, adopted, domestic partner's, or step) under the age of 26, a copy of the birth certificate, adoption decree, proof of legal custody and/or guardianship, or copy of Qualified Medical Support Order and the child's social security number must be provided to Benefits before the enrollment becomes effective.</p> <p data-bbox="607 1173 1433 1283"><b>Dependent children who are not the employee's natural children</b> must live with the employee in a regular parent/child relationship and the child is economically dependent upon the employee. A completed <a href="#">Affidavit of Parent-Child Relationship</a> stating the employee is in a parent/child relationship and the child is economically dependent upon the employee for 50% of the child's financial support and the child's social security number will be required at the time of enrollment.</p> <div data-bbox="607 1312 816 1337"><b>Disclosures and Privacy</b></div> <p data-bbox="607 1346 1422 1396"><input checked="" type="checkbox"/> I acknowledge I have reviewed and understand the <a href="#">Disclosures and Privacy Notice</a> information about my elections.</p> <div data-bbox="607 1413 967 1438"><b>Electronic Signature to Authorize Elections</b></div> <p data-bbox="607 1446 1438 1558">I authorize the California State Controller's Office to take payroll deductions (if any) for the benefits I selected on a before-tax and after-tax basis. I also authorize Benefits to send necessary personal information to my selected providers to initiate and support my coverage. I consent to the use of Electronic Signature. <i>Note: Your electronic signature has the same legal and binding effect as signing your name.</i></p> <p data-bbox="621 1581 1433 1612"><b>Sign</b> <input type="text"/></p> <p data-bbox="621 1644 1076 1675"><b>Submit</b> Click <b>Submit</b> to submit your choices to Benefits.</p> <p data-bbox="621 1707 1341 1738"><b>Cancel</b> Click <b>Cancel</b> to ignore all entries made on this page and return to the Enrollment page.</p>

Processing Steps	Screen Shots
<p><b>Step 3:</b> Click the Sign button to electronically authorize your elections.</p>	 <p><b>Disclosures and Privacy</b></p> <p><input checked="" type="checkbox"/> I acknowledge I have reviewed and understand the <a href="#">Disclosures and Privacy Notice</a> information about my elections.</p> <p><b>Electronic Signature to Authorize Elections</b></p> <p>I authorize the California State Controller's Office to take payroll deductions (if any) for the benefits I selected on a before-tax and after-tax basis. I also authorize Benefits to send necessary personal information to my selected providers to initiate and support my coverage. I consent to the use of Electronic Signature. <i>Note: Your electronic signature has the same legal and binding effect as signing your name.</i></p> <p><b>Sign</b></p> <p><b>Submit</b> Click <b>Submit</b> to submit your choices to Benefits.</p> <p><b>Cancel</b> Click <b>Cancel</b> to ignore all entries made on this page and return to the Enrollment page.</p>
<p><b>Step 4:</b> Your name appears in the Sign field as an electronic signature.</p> <p>Click <b>Submit</b> to send your final choices to the CSUF Benefits department.</p> <p> Be sure that you have completed and submitted the eBenefits Self-Service Electronic Signature Authorization form (see page 6).</p>	 <p><b>Disclosures and Privacy</b></p> <p><input checked="" type="checkbox"/> I acknowledge I have reviewed and understand the <a href="#">Disclosures and Privacy Notice</a> information about my elections.</p> <p><b>Electronic Signature to Authorize Elections</b></p> <p>I authorize the California State Controller's Office to take payroll deductions (if any) for the benefits I selected on a before-tax and after-tax basis. I also authorize Benefits to send necessary personal information to my selected providers to initiate and support my coverage. I consent to the use of Electronic Signature. <i>Note: Your electronic signature has the same legal and binding effect as signing your name.</i></p> <p><b>Sign</b> Bob Cratchit</p> <p><b>Submit</b> Click <b>Submit</b> to submit your choices to Benefits.</p> <p><b>Cancel</b> Click <b>Cancel</b> to ignore all entries made on this page and return to the Enrollment page.</p>
<p><b>Step 5:</b> You will see a confirmation that your elections were successfully submitted to the CSUF Benefits office.</p> <p>Click <b>OK</b>.</p>	 <p><b>Benefits Enrollment</b></p> <p><b>Life Events</b></p> <p>Bob Cratchit</p> <p>Your elections have been successfully submitted to Benefits. You will be notified when the process is complete or if more information is required. If you have any questions, please contact Benefits at 657-278-2425 or by e-mail at <a href="mailto:benefits@exchange.fullerton.edu">benefits@exchange.fullerton.edu</a>.</p> <p><b>OK</b></p>

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

## 4.0 Open Enrollment

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



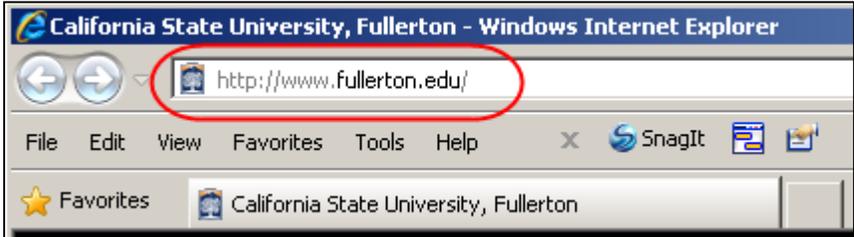
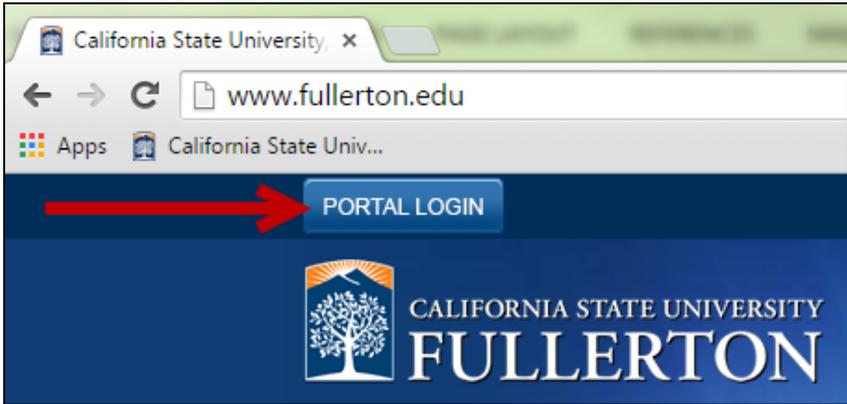
The exact dates for Open Enrollment change each year, but typically the Open Enrollment period is in early autumn. Check the Benefits website at <http://hr.fullerton.edu/benefits/> or contact Benefits at 657-278-2425 for information on the current Open Enrollment dates.

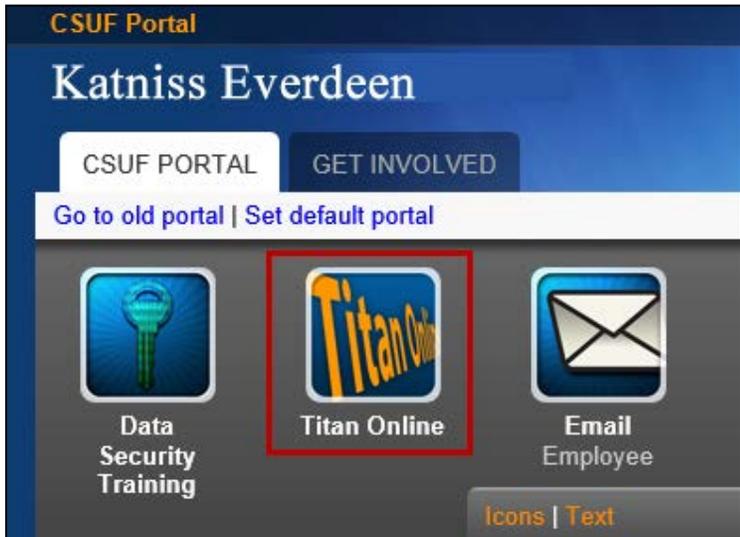
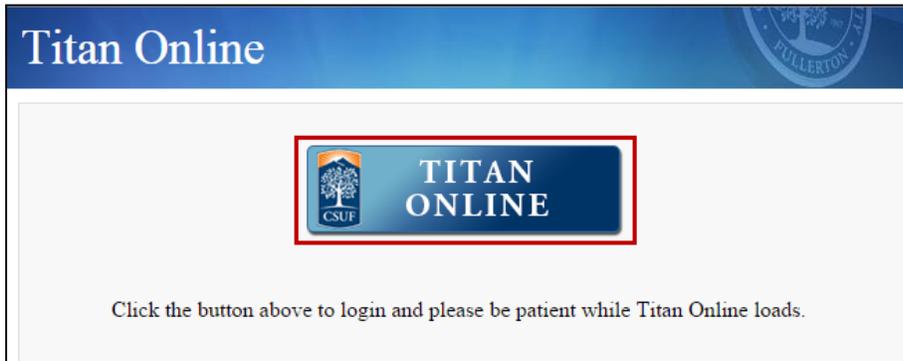
### What changes can be made during Open Enrollment?

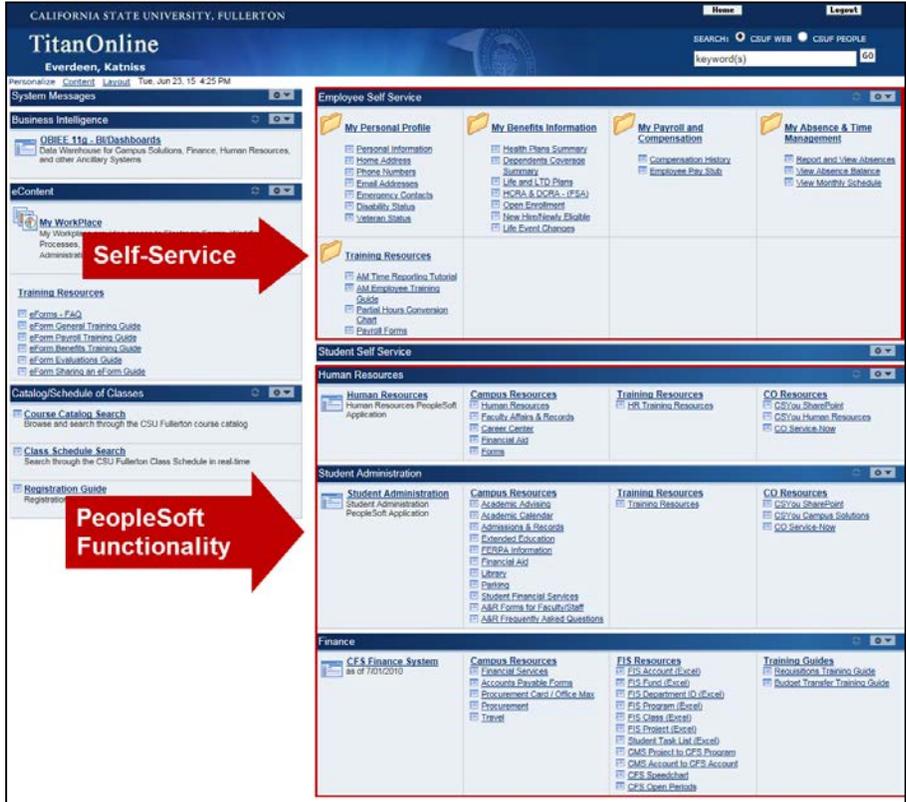
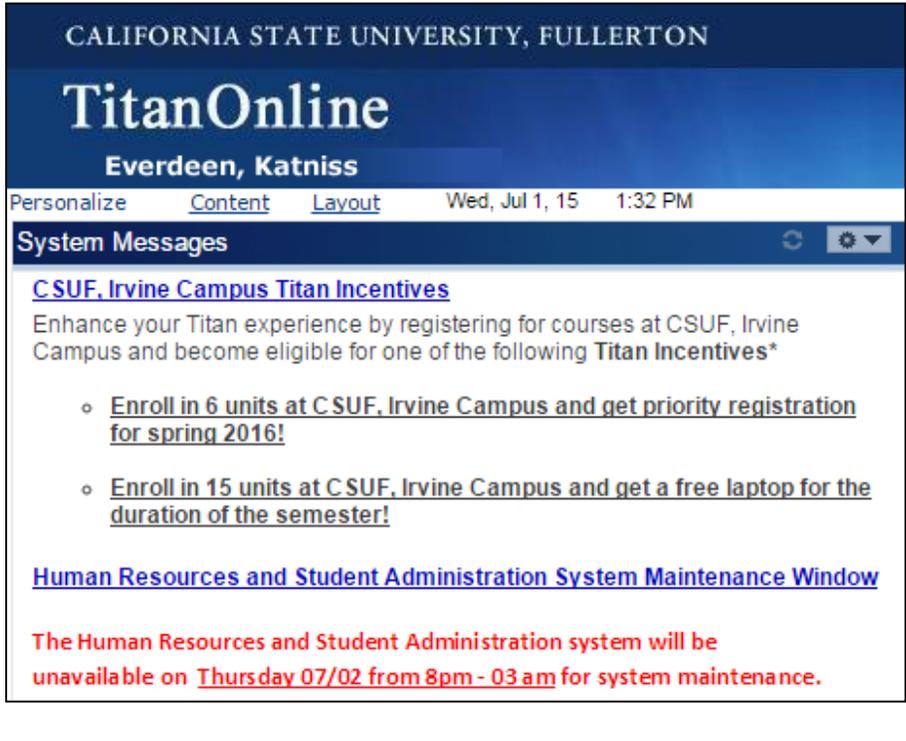
- Enroll in, modify, or cancel your health plan
- Enroll in, modify, or cancel your dental plan
- Enroll in, modify, or cancel your FlexCash plan
- Enroll in, modify, or cancel your Flex Spending Health (HCRA) or Flex Spending Dependent (DCRA) plan
- Add or remove dependents from your Benefit plans

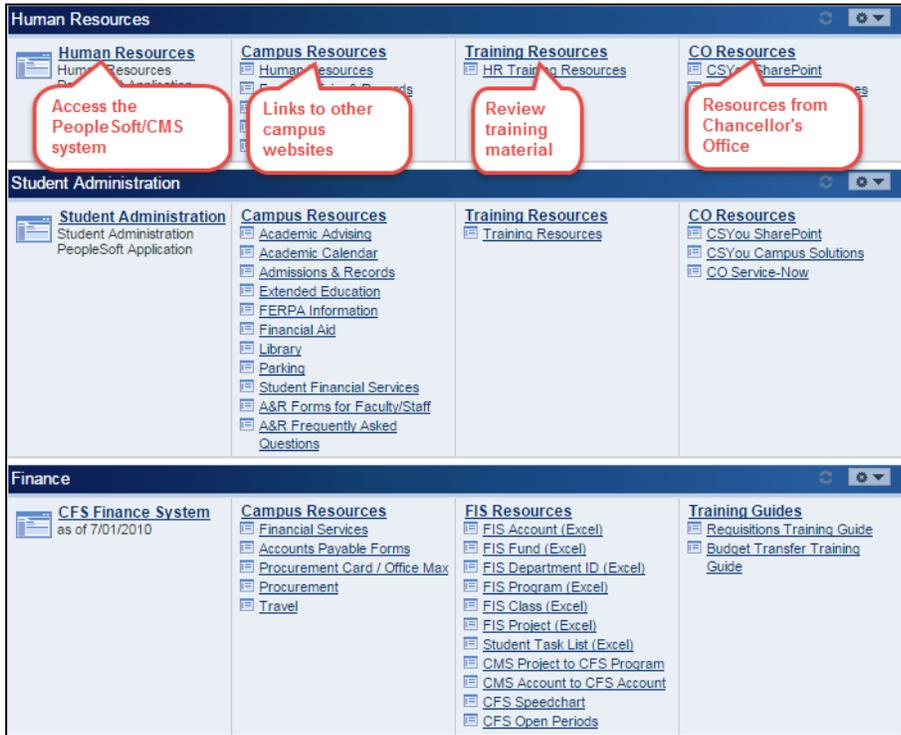


Contact Benefits at 657-278-2425 for more information regarding Open Enrollment.

Processing Steps	Screen Shots
<p><b>Navigating to Open Enrollment</b></p> <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 <b>Titan Online</b> icon.</p>	
<p><b>Step 5:</b> Click on the Titan Online icon.</p>	

Processing Steps	Screen Shots
<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>The screenshot shows the TitanOnline interface for user Everdeen, Katniss. The page is divided into several sections:         <ul style="list-style-type: none"> <li><b>Employee Self Service:</b> Includes My Personal Profile (Personal Information, Home Address, Phone Numbers, Email Addresses, Emergency Contacts, Disability Status, Veteran Status), My Benefits Information (Health Plans Summary, Dependents Coverage Summary, Life and LTD Plans, HCRS &amp; COBRA - PFSA, Open Enrollment, New Hire/Newly Eligible, Life Event Changes), My Payroll and Compensation (Compensation History, Employee Pay Sheet), and My Absence &amp; Time Management (Report and View Absence, View Absence Balance, View Monthly Schedule).</li> <li><b>Student Self Service:</b> Includes Human Resources (Human Resources PeopleSoft Application), Campus Resources (Human Resources, Faculty Affairs &amp; Records, Career Center, Financial Aid, Exams), Training Resources (HR Training Resources), and CO Resources (CSU SharePoint, CSU Campus Resources, CO Service Now).</li> <li><b>Student Administration:</b> Includes Student Administration (Student Administration PeopleSoft Application), Campus Resources (Academic Advising, Academic Calendar, Admissions &amp; Records, Extended Education, FERPA Information, Financial Aid, Library, Parking, Student Financial Services, ASST Forms for Faculty/Staff, ASST Frequently Asked Questions), Training Resources (Training Resources), and CO Resources (CSU SharePoint, CSU Campus Solutions, CO Service Now).</li> <li><b>Finance:</b> Includes CFS Finance System (as of 7/1/2015), Campus Resources (Financial Services, Accounts Payable Forms, Procurement Card/Office Max, Employment, Travel), FIS Resources (FIS Account (Excel), FIS Fund (Excel), FIS Department ID (Excel), FIS Program (Excel), FIS Class (Excel), FIS Project (Excel), Student Task List (Excel), CMS Present in CFS Program, CMS Account by CFS Account, CFS Speedload, CFS Open Position), and Training Guides (Registration Training Guide, Ruben Transfer Training Guide).</li> </ul>         Red arrows in the image point to the 'Self-Service' and 'PeopleSoft Functionality' sections.       </p>
<p><b>Step 6a:</b> Important messages such as system unavailability will be displayed in the <b>System Messages</b> section.</p> <p>Please review these messages often as they will provide you with important information.</p>	 <p>The screenshot shows the 'System Messages' section of the TitanOnline interface. It features a blue header with the TitanOnline logo and user information (Everdeen, Katniss). Below the header, there are navigation tabs for Personalize, Content, Layout, and the current date/time (Wed, Jul 1, 15, 1:32 PM). The main content area displays a message titled 'CSUF, Irvine Campus Titan Incentives' with the following text:         <p>Enhance your Titan experience by registering for courses at CSUF, Irvine Campus and become eligible for one of the following Titan Incentives*</p> <ul style="list-style-type: none"> <li>Enroll in 6 units at CSUF, Irvine Campus and get priority registration for spring 2016!</li> <li>Enroll in 15 units at CSUF, Irvine Campus and get a free laptop for the duration of the semester!</li> </ul> <p>Below the incentives, there is a section titled 'Human Resources and Student Administration System Maintenance Window' with a red text warning: 'The Human Resources and Student Administration system will be unavailable on Thursday 07/02 from 8pm - 03 am for system maintenance.'</p> </p>

Processing Steps	Screen Shots
<p><b>Step 6b:</b> Each section of functionality contains links that allow you to: access the PeopleSoft/CMS system, view other campus websites, review training material, or view resources from the Chancellor's Office.</p> <p>To access a particular PeopleSoft database, click on the appropriate link.</p>	 <p>The screenshot shows three main sections of the navigation menu: Human Resources, Student Administration, and Finance. Each section has a grid of links. Red callout boxes highlight specific links: 'Access the PeopleSoft/CMS system' points to the 'Human Resources' link in the top-left of the HR section; 'Links to other campus websites' points to the 'Campus Resources' link in the top-middle of the HR section; 'Review training material' points to the 'Training Resources' link in the top-right of the HR section; and 'Resources from Chancellor's Office' points to the 'CO Resources' link in the top-far-right of the HR section.</p>
<p><b>Step 7:</b> In the Employee Self Service box under My Benefits Information, select <b>Open Enrollment</b>.</p>	 <p>The screenshot shows the 'Employee Self Service' interface. Under the 'My Benefits Information' folder, there is a list of links. The 'Open Enrollment' link is highlighted with a red rectangular box.</p>

Processing Steps	Screen Shots																		
<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 (i) to learn more about the various Benefit programs, eligibility, and enrollment.</p> <p>Click <b>Select</b> to begin.</p>	<div data-bbox="584 268 1477 724"> <p><b>Benefits Enrollment</b></p> <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" data-bbox="597 541 1377 655"> <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>i</td> <td>01/01/2014</td> <td>Open</td> <td>Admin Analyst/Spclst 12 Mo</td> <td>Select</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	i	01/01/2014	Open	Admin Analyst/Spclst 12 Mo	Select
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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="584 1010 1477 1375"> <p><b>Benefits Enrollment</b></p> <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 data-bbox="597 1297 1063 1369" style="border: 2px solid red; padding: 5px;"> <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="584 268 1364 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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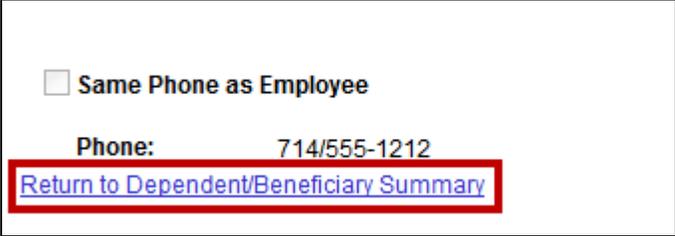
Processing Steps	Screen Shots																														
<p><b>Making Changes to Medical Coverage</b></p> <p>To change your medical coverage during Open Enrollment, follow the steps in the <a href="#">Navigating to Open Enrollment</a> section on page 49. Then follow the steps below.</p> <p><b>Step 1:</b> To make a change to your dental coverage, click <b>Edit</b> in the <b>Medical</b> section.</p>	<div data-bbox="586 275 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="597 688 667 722">Edit</th> <th data-bbox="667 688 1097 722">Medical</th> <th data-bbox="1097 688 1198 722">Full Cost</th> <th data-bbox="1198 688 1284 722">Credits</th> <th data-bbox="1284 688 1386 722">Before Tax</th> <th data-bbox="1386 688 1484 722">After Tax</th> </tr> </thead> <tbody> <tr> <td colspan="6" data-bbox="597 743 1484 772">Current: No Coverage</td> </tr> <tr> <td colspan="6" data-bbox="597 772 1484 802">New: No Coverage</td> </tr> <tr> <th data-bbox="597 802 667 835">Edit</th> <th data-bbox="667 802 1097 835">Dental</th> <th data-bbox="1097 802 1198 835">Full Cost</th> <th data-bbox="1198 802 1284 835">Credits</th> <th data-bbox="1284 802 1386 835">Before Tax</th> <th data-bbox="1386 802 1484 835">After Tax</th> </tr> <tr> <td colspan="6" data-bbox="597 856 1484 886">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 checked="" 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 59.</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"> <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 1293 1479 1759"> <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 1481 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 1481 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><input checked="" type="checkbox"/></td> <td>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><input type="checkbox"/></td> <td>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>Adding a New Dependent</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 1433 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 1161"> <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="594 1024 1442 1161"> <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 1442 1833"> <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>																												

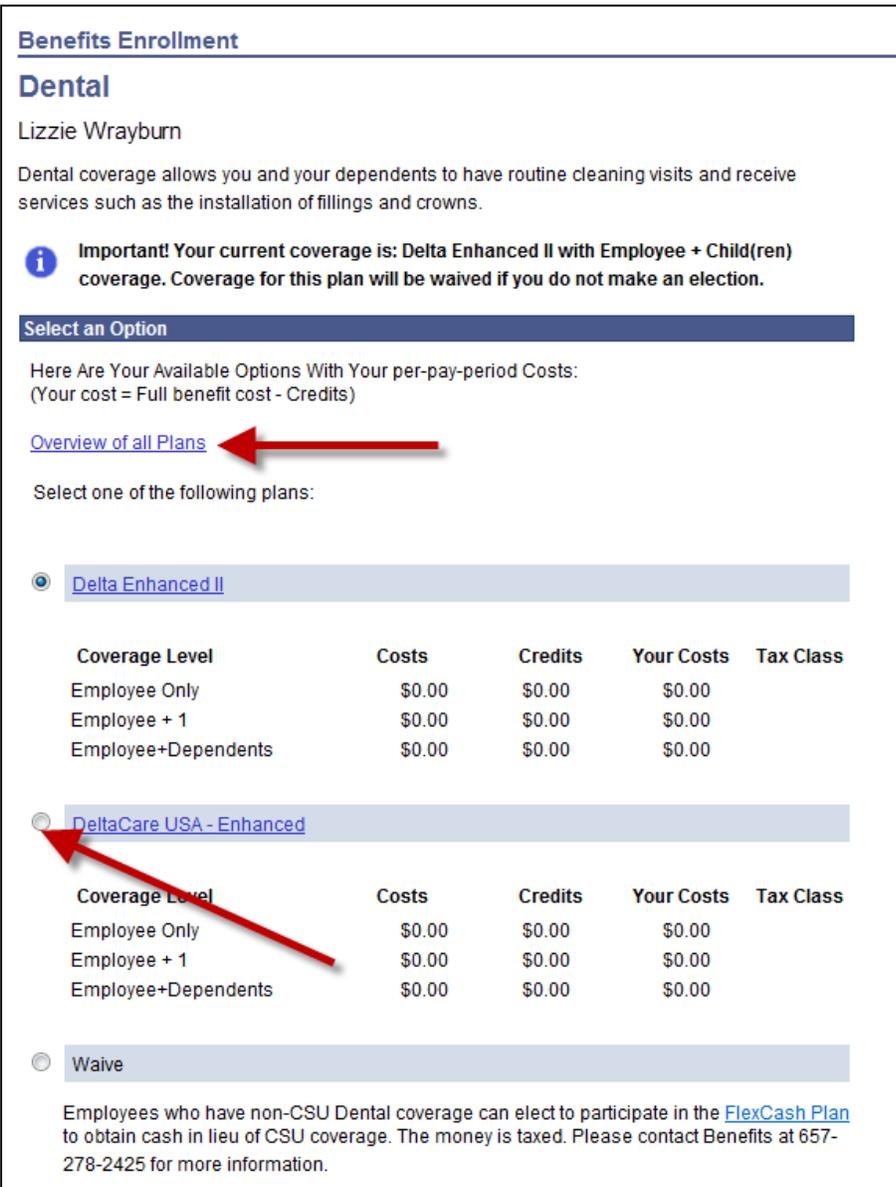
Processing Steps	Screen Shots
<p><b>Step 4:</b> Enter the address and phone number for the new dependent.</p> <p>If the address or phone is the same as yours, you can place a checkmark next to <i>Same Address as Employee</i> or <i>Same Phone as Employee</i>.</p> <p>Then click <b>Save</b>.</p>	
<p><b>Step 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 894"> <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> 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> <b>Medical</b> 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: No Coverage. 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>\$1,602.72</td> <td>\$0.00</td> <td>\$1,602.72</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 Value 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 96.</p>	<div data-bbox="586 268 1477 1234"> <p><b>Benefits Enrollment</b></p> <hr/> <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" data-bbox="816 638 1273 716"> <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" data-bbox="630 852 1338 968"> <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" data-bbox="586 1329 1484 1472"> <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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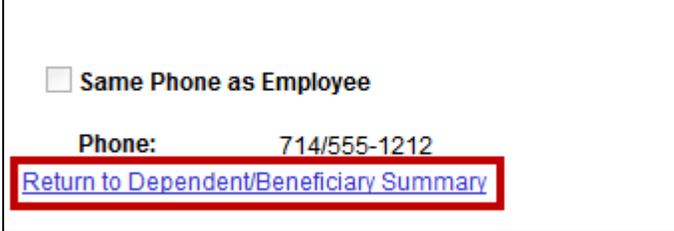
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<p><b>Making Changes to Dental Coverage</b></p> <p>To change your dental coverage during Open Enrollment, follow the steps in the <a href="#">Navigating to Open Enrollment</a> section on page 49. Then follow the steps below.</p> <p><b>Step 1:</b> To 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><b>Edit</b></th> <th><b>Medical</b></th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Current:</td> <td></td> <td>No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New:</td> <td></td> <td>No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <th></th> <th><b>Edit</b></th> <th><b>Dental</b></th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> <tr> <td>Current:</td> <td></td> <td>Delta Enhanced II:Empl+1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New:</td> <td></td> <td>Delta Enhanced II:Empl+1</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> </tbody> </table> </div>		<b>Edit</b>	<b>Medical</b>	Full Cost	Credits	Before Tax	After Tax	Current:		No Coverage					New:		No Coverage						<b>Edit</b>	<b>Dental</b>	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>	 <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</b> <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.</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>	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 68.</p>	<div data-bbox="586 275 1490 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><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 1490 1734"> <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 1486 1455 1602"> <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="584 273 1477 609"> <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="584 703 1477 1701"> <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><input checked="" type="checkbox"/> Same Address as Employee</td> <td></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><input type="checkbox"/> Same Phone as Employee</td> <td></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>Adding a New Dependent</b></p> <p><b>Step 1:</b> To add a new dependent, click <b>Add/Review Dependents</b>.</p>	<div data-bbox="584 273 1469 735"> <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="609 493 1437 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="584 829 1469 1165"> <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="592 1024 1437 1159"> <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="584 1255 1445 1837"> <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 894"> <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="586 233 1344 1898"> <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 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 checked="" 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> <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 <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> <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 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><a href="#">Add/Review Dependents</a></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	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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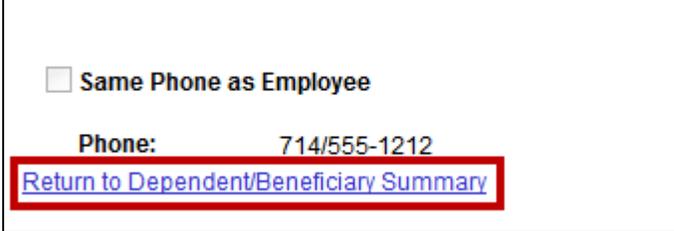
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<p><b>Step 2:</b> You will see a page detailing the dental coverage changes you entered.</p> <p>Review the information carefully.</p> <p>To save these changes, click <b>OK</b>.</p> <p> These changes will not be finalized until you submit all of your Open Enrollment changes. See the <a href="#">Submitting Open Enrollment Changes</a> section on page 96.</p>	<div data-bbox="586 275 1487 1356"> <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 762"> <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 1451 1487 1577"> <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>Current:</td> <td>Delta Enhanced II:Empl+1</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> </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 49. 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 76.</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 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 1264 1479 1730"> <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 1486 1442 1602"> <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="584 273 1477 609"> <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="584 703 1477 1701"> <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><input checked="" type="checkbox"/></td> <td>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><input type="checkbox"/></td> <td>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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Processing Steps	Screen Shots																												
<p><b>Adding a New Dependent</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 1442 1157"> <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 1253 1442 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>																												

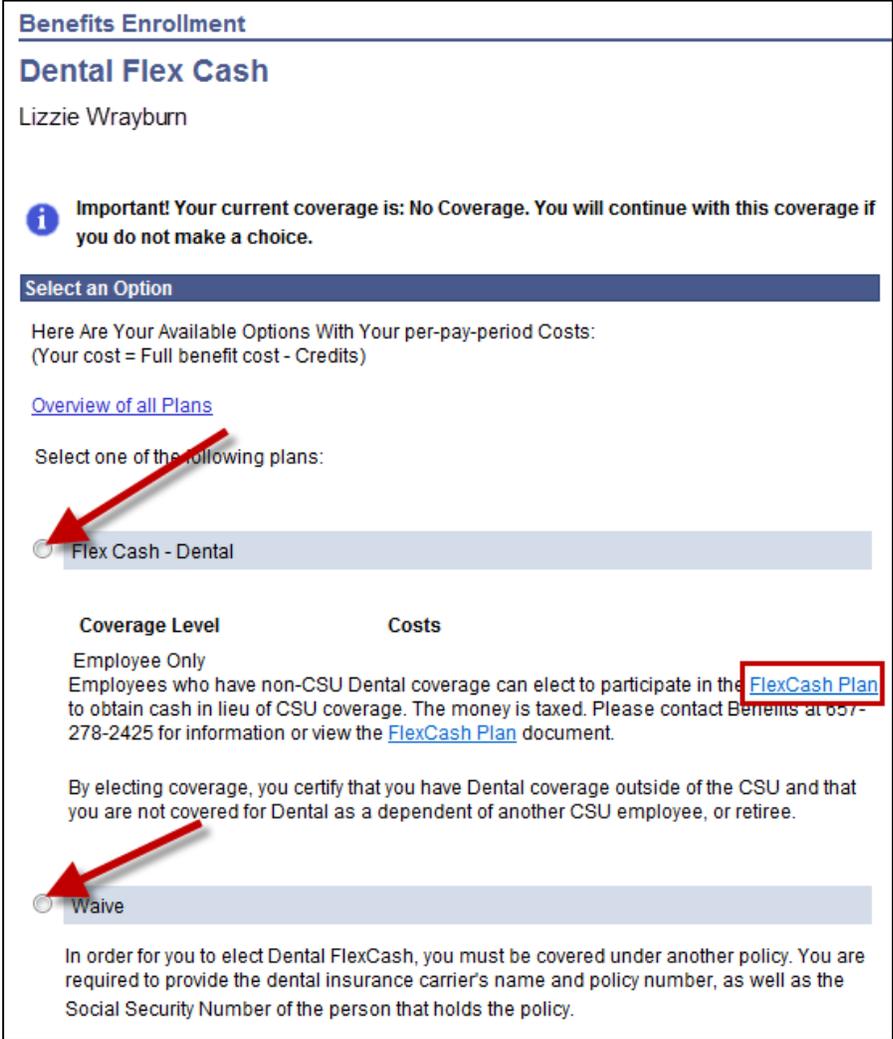
Processing Steps	Screen Shots
<p><b>Step 4:</b> Enter the address and phone number for the new dependent.</p> <p>If the address or phone is the same as yours, you can place a checkmark next to <i>Same Address as Employee</i> or <i>Same Phone as Employee</i>.</p> <p>Then click <b>Save</b>.</p>	 <p>The screenshot shows a form titled "Address and Telephone". It has two main sections, each enclosed in a red box. The first section has a checked checkbox labeled "Same Address as Employee" and displays "Country: United States" and "Address: 800 N. State College Blvd Fullerton, CA 92831". The second section has an unchecked checkbox labeled "Same Phone as Employee" and a text input field containing "714/555-1212". Below this is the label "Phone:" and the text "* Required Field". At the bottom, a yellow "Save" button is highlighted with a red box.</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>The screenshot shows a message box titled "Personal Information" with a subtitle "Save Confirmation". It contains a blue checkmark icon and the text "The Save was successful.". At the bottom, a yellow "OK" button is highlighted with a red box.</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>The screenshot shows a form with an unchecked checkbox labeled "Same Phone as Employee" and a text input field containing "714/555-1212". Below the phone field, a blue link "Return to Dependent/Beneficiary Summary" is highlighted with a red box.</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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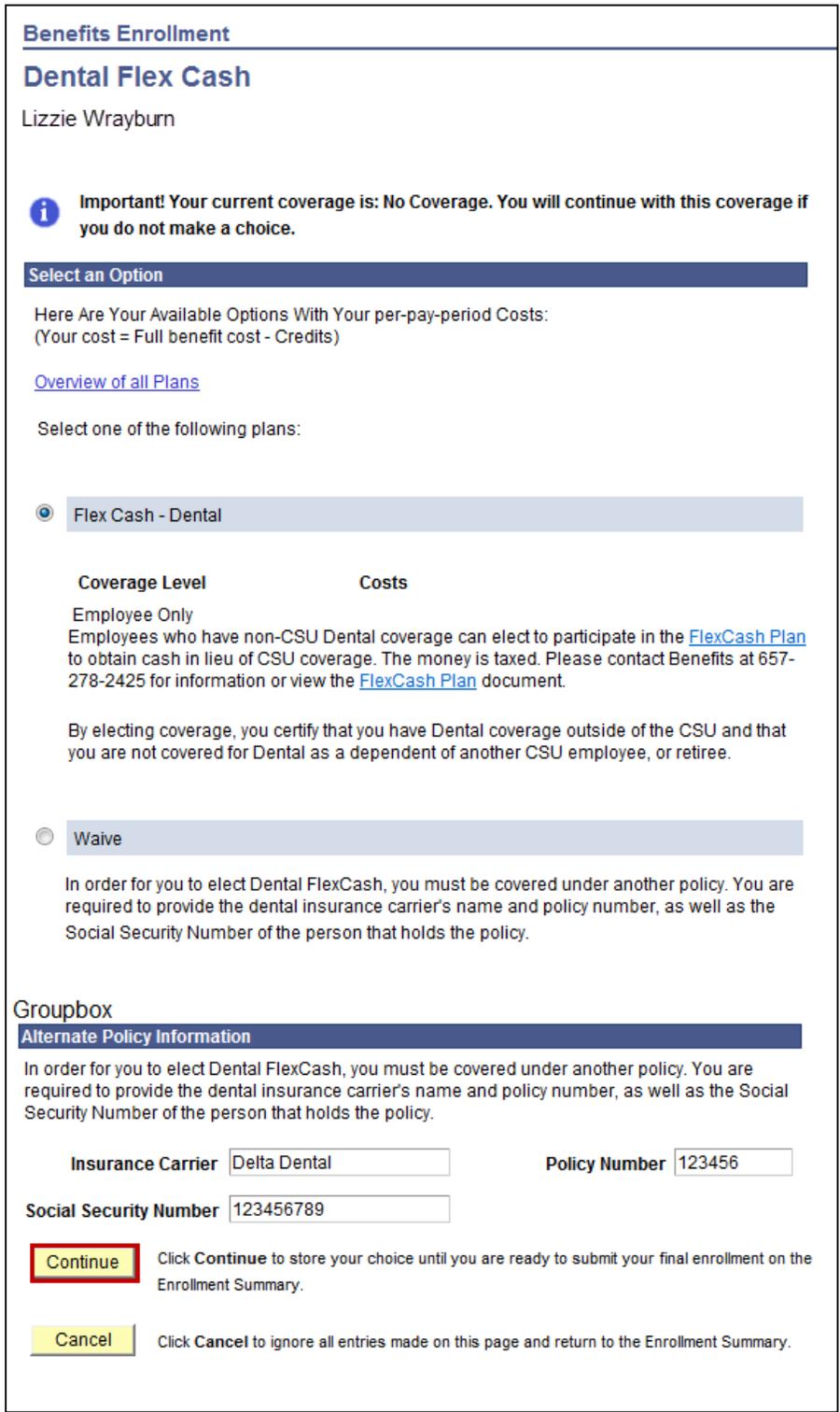
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<p><b>Saving Your Vision Coverage Changes</b></p> <p><b>Step 1:</b> Once you have made the changes to your vision coverage, click <b>Continue</b> at the bottom of the page.</p>	<div data-bbox="586 275 1474 1818"> <p><b>Benefits Enrollment</b></p> <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> <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 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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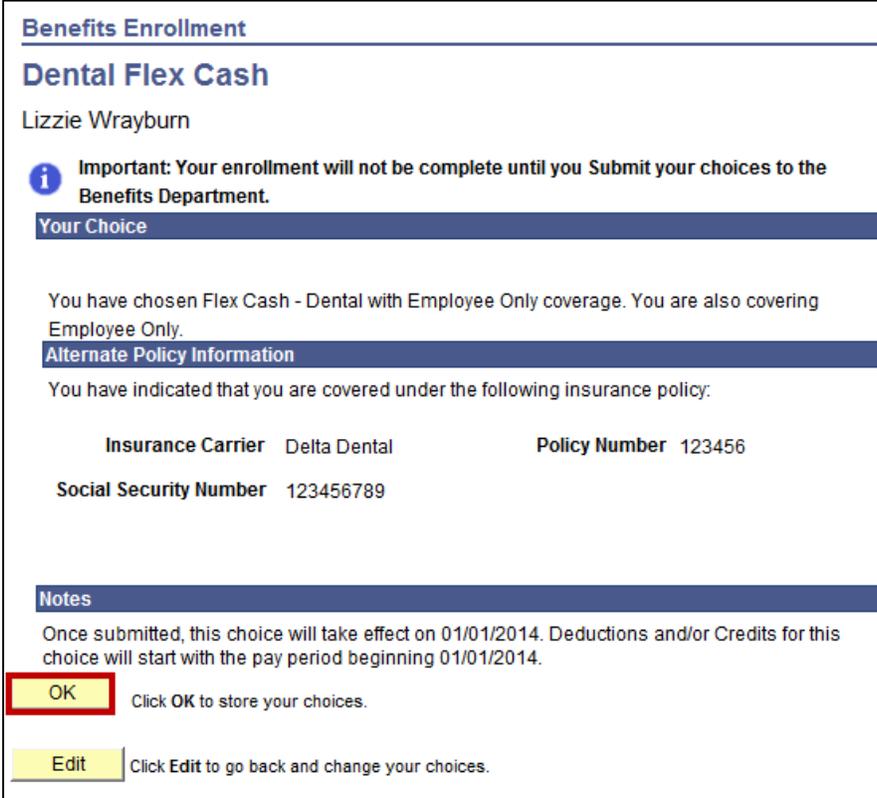
Processing Steps	Screen Shots																		
<p><b>Step 2:</b> You will see a page detailing the vision coverage changes you entered.</p> <p>Review the information carefully.</p> <p>To save these changes, click <b>OK</b>.</p> <p> These changes will not be finalized until you submit all of your Open Enrollment changes. See the <a href="#">Submitting Open Enrollment Changes</a> section on page 96.</p>	<div data-bbox="586 268 1474 1339"> <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 1349 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="618 915 1422 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 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 1436 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 49. 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>	<div data-bbox="597 275 1479 317"> <p><b>Benefits Enrollment</b></p> </div> <div data-bbox="597 327 1479 369"> <p><b>Open Enrollment</b></p> </div> <div data-bbox="597 380 1479 527"> <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="597 537 1479 600"> <p> <b>Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</b></p> </div> <div data-bbox="597 653 1479 684"> <p><b>Enrollment Summary</b></p> </div> <table border="1" data-bbox="597 695 1479 1157"> <thead> <tr> <th></th> <th>Medical</th> <th>Dental</th> <th>Vision</th> <th>Dental Flex Cash</th> </tr> <tr> <th></th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Current:</td> <td colspan="4">Kaiser Foundation:Empl+Deps</td> </tr> <tr> <td>New:</td> <td>161.19</td> <td>0.00</td> <td>161.19</td> <td></td> </tr> <tr> <td></td> <td colspan="4">Kaiser PERMANENTE CALIFORNIA:Empl+Deps</td> </tr> <tr> <td>Current:</td> <td colspan="4">Delta Enhanced II:Emp+Child</td> </tr> <tr> <td>New:</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="4">Waive</td> </tr> <tr> <td>Current:</td> <td colspan="4">Vision Service Plan:Emp+Deps</td> </tr> <tr> <td>New:</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="4">Vision Service Plan:Emp+Deps</td> </tr> <tr> <td>Current:</td> <td colspan="4">No Coverage</td> </tr> <tr> <td>New:</td> <td colspan="4">No Coverage</td> </tr> </tbody> </table>		Medical	Dental	Vision	Dental Flex Cash		Full Cost	Credits	Before Tax	After Tax	Current:	Kaiser Foundation:Empl+Deps				New:	161.19	0.00	161.19			Kaiser PERMANENTE CALIFORNIA:Empl+Deps				Current:	Delta Enhanced II:Emp+Child				New:	0.00	0.00				Waive				Current:	Vision Service Plan:Emp+Deps				New:	0.00	0.00				Vision Service Plan:Emp+Deps				Current:	No Coverage				New:	No Coverage			
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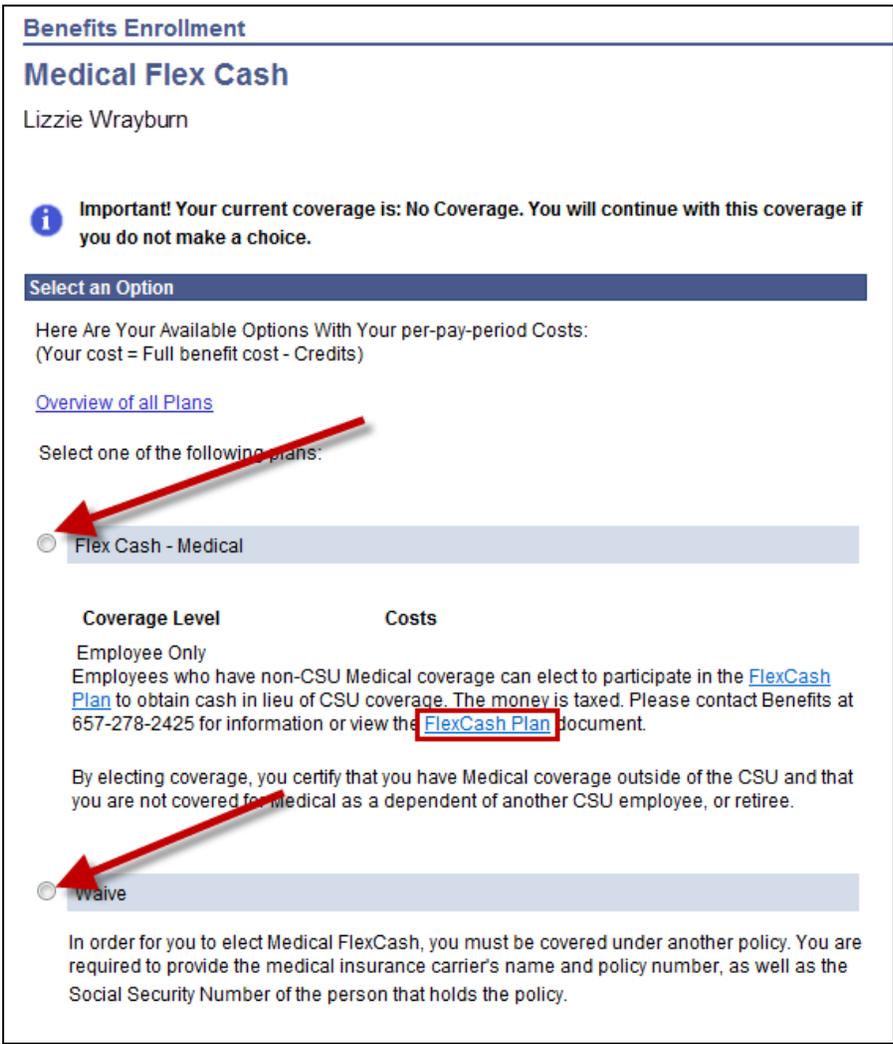
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<p><b>Changing Your Dental Flex Cash Option</b></p> <p><b>Step 1:</b> Select one of the following options:</p> <ul style="list-style-type: none"><li>• <b>Flex Cash – Dental:</b> select this option if you wish to enroll in a dental flex cash plan.</li><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><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 <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.</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 <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.
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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="581 268 1468 546" 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>	 <p>The screenshot shows the 'Benefits Enrollment' section for 'Dental Flex Cash' for Lizzie Wrayburn. It includes an important notice about current coverage, a 'Select an Option' section with two radio buttons: 'Flex Cash - Dental' (selected) and 'Waive'. Below the 'Flex Cash - Dental' option, there is a table for 'Coverage Level' and 'Costs', and a paragraph explaining the requirement to have dental coverage outside of the CSU. The 'Waive' option includes a paragraph about providing dental insurance carrier information. At the bottom, there is a 'Groupbox' section for 'Alternate Policy Information' with input fields for 'Insurance Carrier' (Delta Dental), 'Policy Number' (123456), and 'Social Security Number' (123456789). Two buttons are visible: 'Continue' (highlighted with a red box) and 'Cancel'.</p>

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 96.</p>																			
<p><b>Step 3:</b> The Dental Flex Cash section of the Open Enrollment page now shows your new selection.</p>	 <table border="1"> <thead> <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> </thead> <tbody> <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> </tbody> </table>	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	
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Processing Steps	Screen Shots																																																																																
<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 49. 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="584 273 1461 514"> <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> </div> <div data-bbox="584 535 1461 1218"> <p><b>Enrollment Summary</b></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><b>Medical</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Current: No Coverage</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: Waive</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> <tr> <td><b>Dental</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Current: Delta Enhanced II:Empl+1</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: Waive</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> <tr> <td><b>Vision</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Current: Vision Service Plan:Emp+Deps</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: Vision Service Plan:Emp+Deps</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> <tr> <td><b>Dental Flex Cash</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <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> <tr> <td><b>Medical Flex Cash</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Current: Flex Cash - Medical:Empl Only</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>New: Flex Cash - Medical:Empl Only</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> </tr> </tbody> </table> </div>		Full Cost	Credits	Before Tax	After Tax	<b>Medical</b>					Current: No Coverage					New: Waive	0.00	0.00			<b>Dental</b>					Current: Delta Enhanced II:Empl+1					New: Waive	0.00	0.00			<b>Vision</b>					Current: Vision Service Plan:Emp+Deps					New: Vision Service Plan:Emp+Deps	0.00	0.00			<b>Dental Flex Cash</b>					Current: No Coverage					New: Flex Cash - Dental:Empl Only	0.00	0.00	0.00		<b>Medical Flex Cash</b>					Current: Flex Cash - Medical:Empl Only					New: Flex Cash - Medical:Empl Only	0.00	0.00	0.00	
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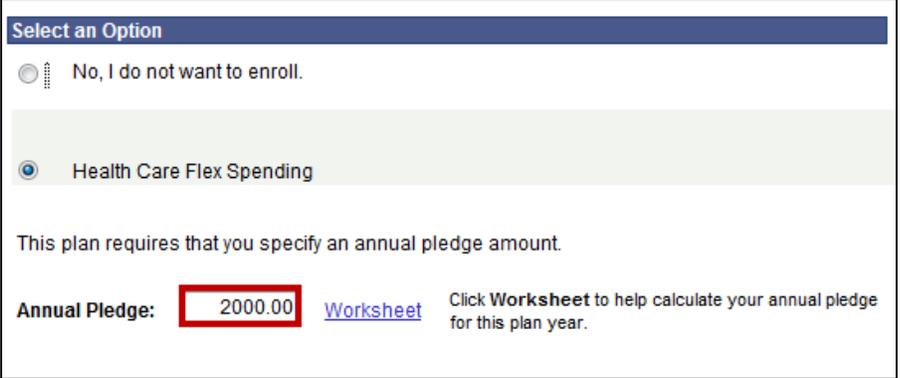
Processing Steps	Screen Shots
<p><b>Changing Your Medical Flex Cash Option</b></p> <p><b>Step 1:</b> Select one of the following options:</p> <ul style="list-style-type: none"> <li>• <b>Flex Cash – Medical:</b> select this option if you wish to enroll in or continue with your existing medical flex cash plan.</li> <li>• <b>Waive:</b> select this option to cancel your medical 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> <p><b>Medical 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 type="radio"/> Flex Cash - Medical</p> <p><b>Coverage Level</b>                      <b>Costs</b></p> <p>Employee Only Employees who have non-CSU Medical 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 Medical coverage outside of the CSU and that you are not covered for medical as a dependent of another CSU employee, or retiree.</p> <p><input type="radio"/> Waive</p> <p>In order for you to elect Medical FlexCash, you must be covered under another policy. You are required to provide the medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.</p>

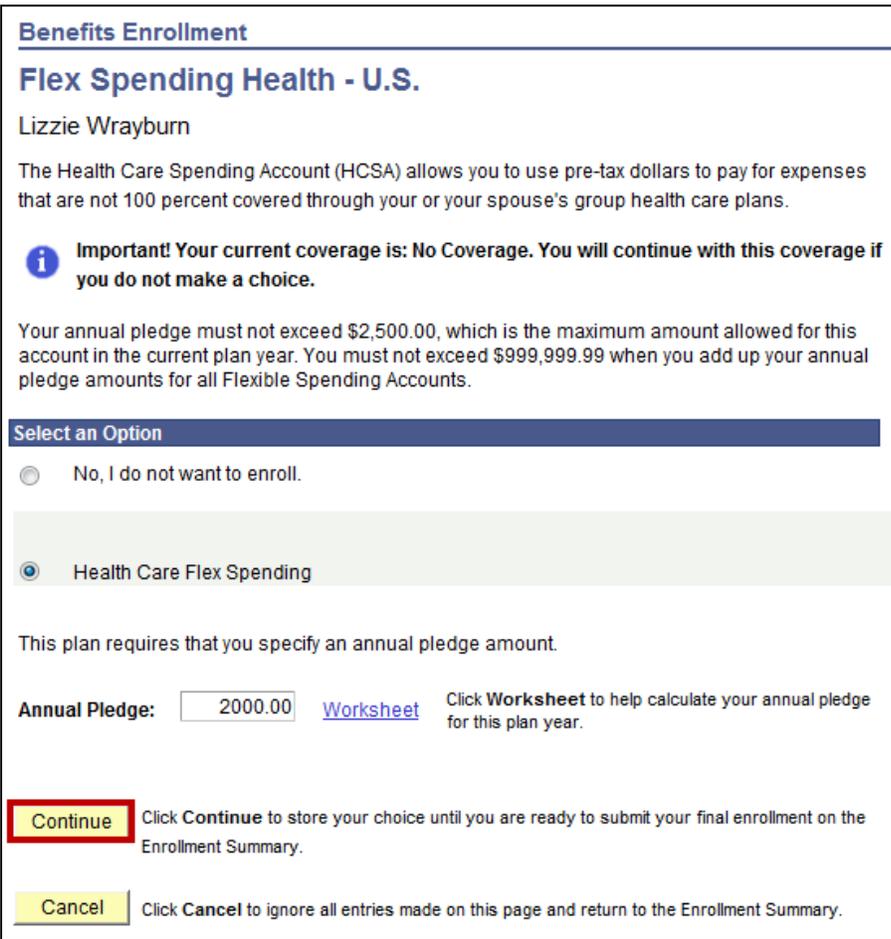
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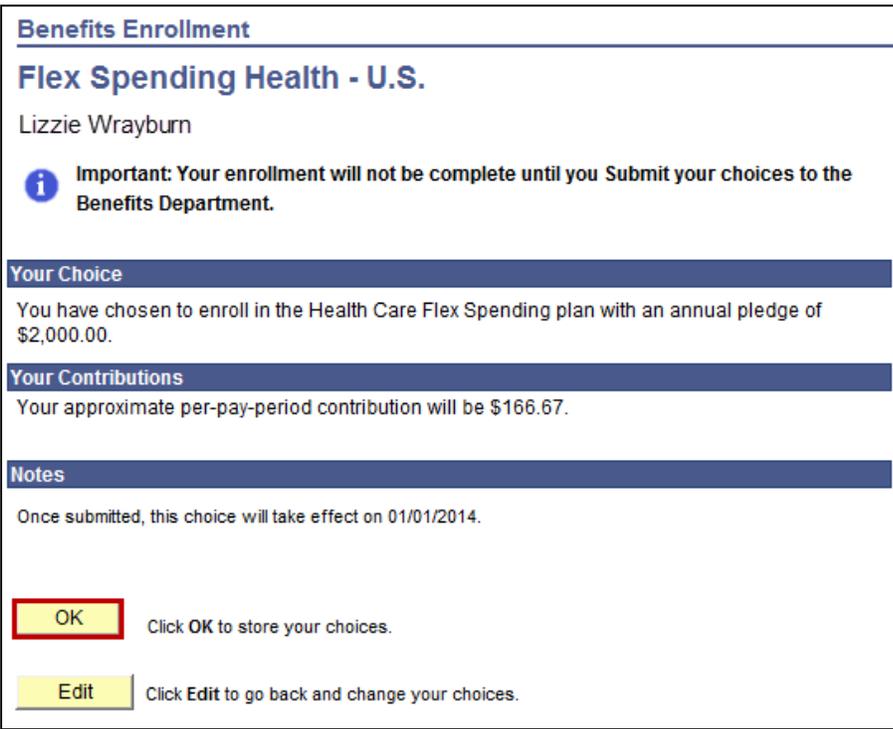
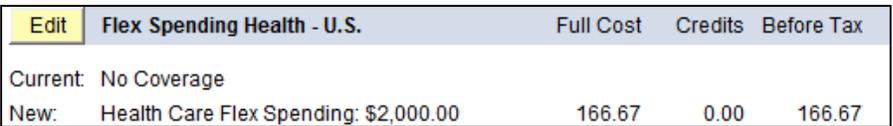
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<p><b>Saving Your Medical FlexCash Coverage Changes</b></p> <p><b>Step 1:</b> Once you have made the changes to your medical flexcash coverage, click <b>Continue</b> at the bottom of the page.</p>	<div data-bbox="586 268 1474 1772" style="border: 1px solid black; padding: 10px;"> <p><b>Benefits Enrollment</b></p> <p><b>Medical 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"/> <b>Flex Cash - Medical</b></p> <p><b>Coverage Level</b>                      <b>Costs</b></p> <p>Employee Only Employees who have non-CSU Medical 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 Medical coverage outside of the CSU and that you are not covered for Medical as a dependent of another CSU employee, or retiree.</p> <p><input type="radio"/> <b>Waive</b></p> <p>In order for you to elect Medical FlexCash, you must be covered under another policy. You are required to provide the medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.</p> <p><b>Groupbox</b></p> <p><b>Alternate Policy Information</b></p> <p>In order for you to elect Medical FlexCash, you must be covered under another policy. You are required to provide the medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy.</p> <p><b>Insurance Carrier</b> <input type="text" value="Kaiser HMO"/>                      <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>

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<p><b>Step 2:</b> You will see a page detailing the medical 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 96.</p>	<div data-bbox="584 268 1469 1108"> <p><b>Benefits Enrollment</b></p> <hr/> <p><b>Medical Flex Cash</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 Flex Cash - Medical with Employee Only coverage. You are also covering Employee Only.</p> <p><b>Alternate Policy Information</b></p> <p>You have indicated that you are covered under the following insurance policy:</p> <table border="0"> <tr> <td><b>Insurance Carrier</b></td> <td>Kaiser HMO</td> <td><b>Policy Number</b></td> <td>123456</td> </tr> <tr> <td><b>Social Security Number</b></td> <td colspan="3">123456789</td> </tr> </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>	<b>Insurance Carrier</b>	Kaiser HMO	<b>Policy Number</b>	123456	<b>Social Security Number</b>	123456789												
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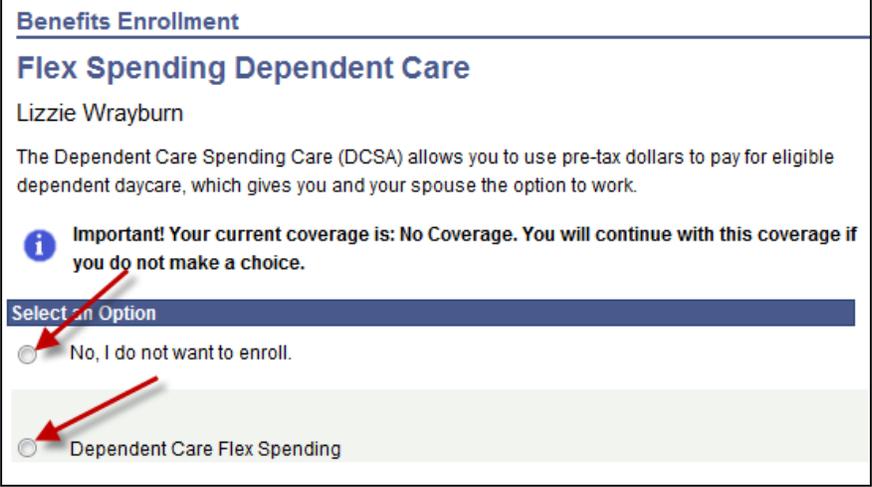
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<p><b>Making Changes to Health Care Spending Account (HCSA)</b></p> <p>To change your health care spending account (HCSA) during Open Enrollment, follow the steps in the <a href="#">Navigating to Open Enrollment</a> section on page 49. Then follow the steps below.</p> <p><b>Step 1:</b> To make a change to your health care spending account (HCSA), click <b>Edit</b> in the <i>Flex Spending Health – U.S.</i> section.</p>	<div data-bbox="584 268 1461 1318" style="border: 1px solid black; padding: 10px;"> <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: No Coverage</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:Empl+1</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: 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></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: Waive	0.00	0.00			Edit	Dental	Full Cost	Credits	Before Tax	After Tax		Current: Delta Enhanced II:Empl+1						New: Waive	0.00	0.00			Edit	Vision	Full Cost	Credits	Before Tax	After Tax		Current: Vision Service Plan:Emp+Deps						New: Vision Service Plan:Emp+Deps	0.00	0.00			Edit	Dental Flex Cash	Full Cost	Credits	Before Tax	After Tax		Current: No Coverage						New: Flex Cash - Dental:Empl Only	0.00	0.00	0.00		Edit	Medical Flex Cash	Full Cost	Credits	Before Tax	After Tax		Current: Flex Cash - Medical:Empl Only						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: No Coverage				
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Processing Steps	Screen Shots
<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>Select an Option</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>Select an Option</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>Annual Pledge: <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' page 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.' and 'Health Care Flex Spending' (which is selected). Below this, it says 'This plan requires that you specify an annual pledge amount.' The 'Annual Pledge' field contains '2000.00' and there is a 'Worksheet' link. A note says 'Click <b>Worksheet</b> 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 <b>Continue</b> to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.' The 'Cancel' button has the text: 'Click <b>Cancel</b> 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 96.</p>	 <p><b>Benefits Enrollment</b></p> <p><b>Flex Spending Health - U.S.</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> 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> Your approximate per-pay-period contribution will be \$166.67.</p> <p><b>Notes</b> 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>Making Changes to Dependent Care Spending Account (DCSA)</b></p> <p>To change your dependent care spending account (DCSA) during Open Enrollment, follow the steps in the <a href="#">Navigating to Open Enrollment</a> section on page 49. Then follow the steps below.</p> <p><b>Step 1:</b> To make a change to your dependent care spending account (DCSA), click <b>Edit</b> in the <b>Flex Spending Dependent Care</b> section.</p>	<div data-bbox="597 275 1471 321"> <p><b>Benefits Enrollment</b></p> </div> <div data-bbox="597 321 1471 367"> <p><b>Open Enrollment</b></p> </div> <div data-bbox="597 367 1471 525"> <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="597 525 1471 598"> <p><b>i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</b></p> </div> <div data-bbox="597 646 1471 672"> <p><b>Enrollment Summary</b></p> </div> <table border="1" data-bbox="597 672 1471 1465"> <thead> <tr> <th></th> <th>Medical</th> <th>Dental</th> <th>Vision</th> <th>Dental Flex Cash</th> <th>Medical Flex Cash</th> <th>Flex Spending Health - U.S.</th> <th>Flex Spending Dependent Care</th> </tr> <tr> <th></th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Current:</td> <td colspan="8">Kaiser Foundation:Empl+Depts</td> </tr> <tr> <td>New:</td> <td>Waive</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Current:</td> <td colspan="8">Delta Enhanced II:Emp+Child</td> </tr> <tr> <td>New:</td> <td>Waive</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Current:</td> <td colspan="8">Vision Service Plan:Emp+Depts</td> </tr> <tr> <td>New:</td> <td>Vision Service Plan:Emp+Depts</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Current:</td> <td colspan="8">No Coverage</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> <td></td> <td></td> <td></td> </tr> <tr> <td>Current:</td> <td colspan="8">No Coverage</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> <td></td> <td></td> <td></td> </tr> <tr> <td>Current:</td> <td colspan="8">No Coverage</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> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Current:</td> <td colspan="8">No Coverage</td> </tr> <tr> <td>New:</td> <td>No Coverage</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Medical	Dental	Vision	Dental Flex Cash	Medical Flex Cash	Flex Spending Health - U.S.	Flex Spending Dependent Care		Full Cost	Credits	Before Tax	After Tax	Full Cost	Credits	Before Tax	After Tax	Current:	Kaiser Foundation:Empl+Depts								New:	Waive	0.00	0.00						Current:	Delta Enhanced II:Emp+Child								New:	Waive	0.00	0.00						Current:	Vision Service Plan:Emp+Depts								New:	Vision Service Plan:Emp+Depts	0.00	0.00						Current:	No Coverage								New:	Flex Cash - Dental:Empl Only	0.00	0.00	0.00					Current:	No Coverage								New:	Flex Cash - Medical:Empl Only	0.00	0.00	0.00					Current:	No Coverage								New:	Health Care Flex Spending: \$2,000.00	166.67	0.00	166.67					Current:	No Coverage								New:	No Coverage	0.00	0.00	0.00				
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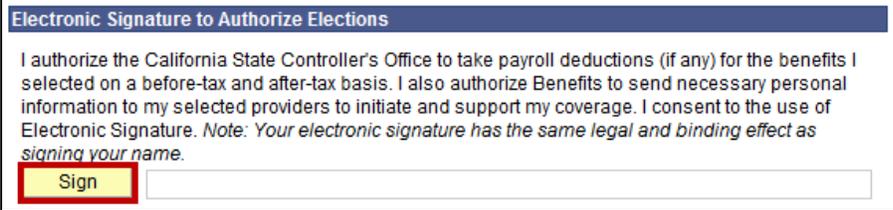
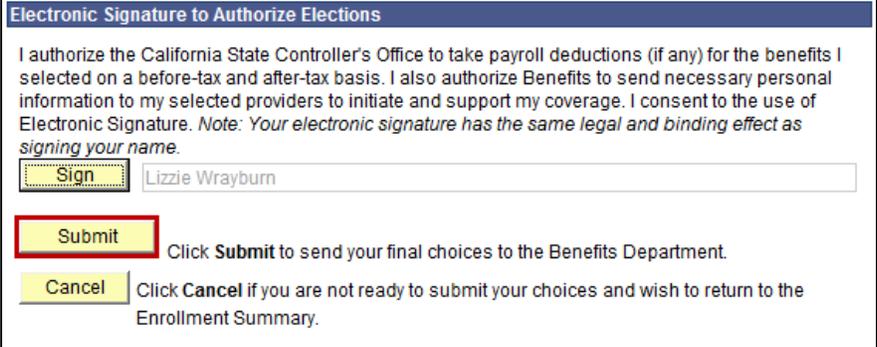
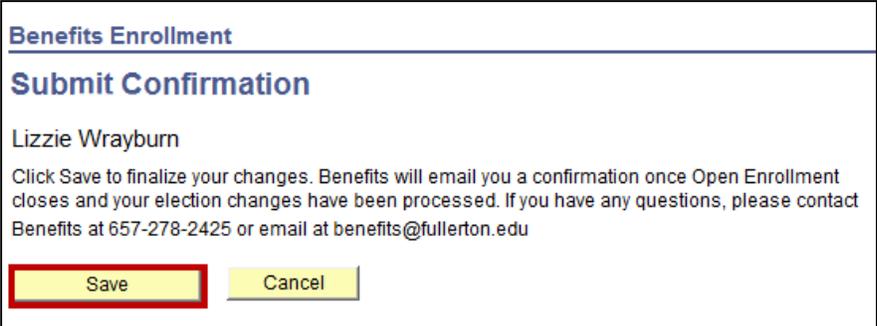
Processing Steps	Screen Shots
<p><b>Changing Your Dependent Care Spending Account Option</b></p> <p><b>Step 1:</b> Select one of the following options:</p> <ul style="list-style-type: none"> <li>• <b>No, I do not want to enroll:</b> select this option if you do not want to enroll in a DCSA or you wish 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>Step 1a:</b> If you choose to enroll in a Dependent Care Spending Account (DCSA), 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>	

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="586 268 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"/> Dependent 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="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>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 96.</p>	<div data-bbox="586 275 1435 961"> <p><b>Benefits Enrollment</b></p> <p><b>Flex Spending Dependent Care</b></p> <p>Lizzie Wrayburn</p> <p> <b>Important:</b> Your enrollment will not be complete until you Submit your choices to the Benefits Department.</p> <hr/> <p><b>Your Choice</b></p> <p>You have chosen to enroll in the Dependent Care Flex Spending plan with an annual pledge of \$2,500.00.</p> <hr/> <p><b>Your Contributions</b></p> <p>Your approximate per-pay-period contribution will be \$208.33.</p> <hr/> <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> </div>															
<p><b>Step 3:</b> The Flex Spending Dependent Care section of the Open Enrollment page now shows your new selection.</p>	<table border="1" data-bbox="586 1056 1479 1188"> <thead> <tr> <th data-bbox="586 1056 672 1094"><b>Edit</b></th> <th data-bbox="672 1056 1138 1094"><b>Flex Spending Dependent Care</b></th> <th data-bbox="1138 1056 1263 1094"><b>Full Cost</b></th> <th data-bbox="1263 1056 1349 1094"><b>Credits</b></th> <th data-bbox="1349 1056 1479 1094"><b>Before Tax</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="586 1094 672 1142">Current:</td> <td data-bbox="672 1094 1138 1142">No Coverage</td> <td data-bbox="1138 1094 1263 1142"></td> <td data-bbox="1263 1094 1349 1142"></td> <td data-bbox="1349 1094 1479 1142"></td> </tr> <tr> <td data-bbox="586 1142 672 1188">New:</td> <td data-bbox="672 1142 1138 1188">Dependent Care Flex Spending: \$2,500.00</td> <td data-bbox="1138 1142 1263 1188">208.33</td> <td data-bbox="1263 1142 1349 1188">0.00</td> <td data-bbox="1349 1142 1479 1188">208.33</td> </tr> </tbody> </table>	<b>Edit</b>	<b>Flex Spending Dependent Care</b>	<b>Full Cost</b>	<b>Credits</b>	<b>Before Tax</b>	Current:	No Coverage				New:	Dependent Care Flex Spending: \$2,500.00	208.33	0.00	208.33
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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="584 268 1474 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><b>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.</b></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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Processing Steps	Screen Shots
<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="586 270 1487 1266"> <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> <hr/> <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 1356 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="text" 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 1635 1487 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><input type="button" value="Sign"/> <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><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>
<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> <input type="button" value="Cancel"/></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 1466 1325"> <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>																		