

INFORMATION TECHNOLOGY SERVICES

Overview

The eBenefits functionality allows employees to use MySJSU to make changes to their current benefits due to a Life Event (a qualified family status change). You must submit the benefits changes within 60 days of your life event date. Qualifying life events include marriage, divorce, legal separation, annulment, birth, adoption, change in custody, adding or removing an economically dependent child, domestic partnership registration or dissolution, gain or loss of alternate coverage, etc. For questions regarding qualifying Life Events, please call your Benefits Service Representative at 408-924-2250 or visit <u>Human Resources</u> (http://www.sjsu.edu/hr/index.htm).

This business process guide demonstrates how to submit your Life Event and the changes to your current benefits including Medical, Dental, Medical Flex Cash, Dental Flex Cash, Flex Spending Health (HCRA) and Flex Spending Dependent (DCRA)

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Login to MySJSU

The MySJSU Homepage displays.

- 1. Go to MySJSU (http://my.sjsu.edu/).
- 2. Click the MySJSU SIGN **IN** button.



ABOUT MYSJSU

NEWS, EVENTS & ANNOUNCEMENTS

MySJSU is for current and former students, applicants for admission, job applicants and all SJSU employees.



Quick Links

Class Search

Browse Catalog

• My Password/Sign In Help System Downtime

MySJSU SIGN IN

Contact Us MySJSU is supported by the Common Management Systems (CMS) Project Office and its Project Team.

The Login page displays.

- 3. Enter your SJSU ID and Password.
- 4. Click the **Sign In** button.

Note: If you have difficulty logging in, contact the CMS Help Desk by email (cmshelp@sjsu.edu) with your full name, SJSU ID, date of birth and/or address for verification.



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p.	SJSU ID: assword: Sign In

Navigate to Life Events

The Main Menu displays.

 From the Main Menu, navigate to Self Service > Benefits > Life Events.

The Life Events page displays.

 Use the drop-down menu to select your Life Event Type.

Notes: The following are the three Life Event Types that you can submit online via MySJSU: 1) Add or Remove Dependents, 2) Gain or Loss of Alternate Coverage, and 3) Update Marital Status.

For information on how to submit any other Life Event Types outside of this list, please contact your Benefits Service Representative at 408-924-2250.

Menu 🗖	
Search:	▲
()) ())	
D My Favorites	Benefits Enrollment
D Campus Info	Life Events
🗢 Self Service <	Life Events
SJSU University Experts	
P Personal Information	
Payroll and Compensation	After your initial enrollment, the only time you may change your benefit choices is when a Life Event
🗢 Benefits 🗲 🗕 🚽	(qualified family status change) occurs, or during annual Open Enrollment
Benefits Information	Lies this hags to select your Life Event and proceed to make changes to your current benefits including
Dependents – Benefits Summary	Medical, Dental, FlexCash, or Flexible Spending Account.
- Insurance Summary	= ····································
- Pension Estimates	Qualifying marital life events include: marriage, divorce, annulment, legal separation, domestic
- TSA Enroll / Update	partnership registration or dissolution.
- <u>New Enrollment</u>	
- Che Events	 Qualifying dependent life events include: birth, adoption, adding/removing an economically
Stock Activity	dependent child or change in custody.
▷ Learning and	
Development	 Gain or Loss of alternate coverage is also a qualifying life event.
Performance Management	O substitution Designed a Designed and the state of 2020 for states information as a soliton.
▷ Enrollment	Contact your Benefits Service Representative at 408-924-2250 for more information regarding
Campus Finances	quantiying me events.
Campus Personal Information	Life Event Type

Benefits Enrollment

Life Events

After your initial enrollment, the only time you may change your benefit choices is when a Life Event (qualified family status change) occurs, or during annual Open Enrollment..

Use this page to select your Life Event and proceed to make changes to your current benefits including Medical, Dental, FlexCash, or Flexible Spending Account.

- 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 your Benefits Service Representative at 408-924-2250 for more information regarding qualifying life events.

Life Event Type





Life Event:

- Use the drop-down menu to select the appropriate Life Event:
- If you selected Add or Remove Dependents, you must indicate one of the following Life Events:
 - Add Economically
 Dependent Child
 - Add Other Dependent
 - Adoption
 - Birth
 - Delete Dependent
- If you selected Gain or Loss of Alternate Coverage, you must indicate one of the following Life Events:
 - Gain of Alternate Non-CSU Coverage
 - Loss of Alternate Non-CSU Coverage
 - Significant Change in Alternate non-CSU Coverage
 - Significant Change in CSU Coverage
- If you selected **Update Marital Status**, you must indicate one of the following **Life Events**:
 - Annulment, Death of
 Domestic Partner
 - Death of Spouse
 - Dissolution of DP
 - Divorce
 - Domestic Partnership
 - Legal Separation
 - Marriage





Event Date:

Note: In this example, we have selected Update Marital Status as the Life Event Type and Marriage as the Life Event.

4. Enter the Event Date. This is the date when your qualified life event actually occurred.

Note: In this example, the marriage took place on March *4*, 2008.

5. After selecting the Life Event Type, Life Event and Event Date, click the Continue button.

Benefits Enrollment

Life Events

After your initial enrollment, the only time you may change your benefit choices is when a Life Event (qualified family status change) occurs, or during annual Open Enrollment.

Use this page to select your Life Event and proceed to make changes to your current benefits including Medical, Dental, FlexCash, or Flexible Spending Account.

Qualifying marital life events include: marriage, divorce, annulment, legal separation, domestic
partnership registration or dissolution.

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- 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 your Benefits Service Representative at 408-924-2250 for more information regarding qualifying life events.

→ Life Event Type Update Marital Status

Life Event



The Life Event Rules page displays.

- Review the chart and information on this page to determine what benefits actions you can take for your life event. Each Life Event row corresponds with the columns to indicate what actions are allowed or not allowed.
- 7. When done, click the **Continue** button.

Life Events Life Event Rules

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.

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 your Renotice Service Representative at 409-024-2260

Life Event	Switch to Medical / Dental FlexCash?	Switch from or Cancel Medical / Dental FlexCash?	Enroll in HCRA / DCRA?	Increase HCRA / DCRA amount?	Decrease HCRA / DCRA amount?	Cancel HCRA
Birth	Yes	Yes	Yes	Yes	No	No
Adoption	Yes	Yes	Yes	Yes	No	No
Add Economically Dependent Child	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
_egal Separation	No	Yes	Yes	Yes	Yes	Yes
Annullment	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 DP	No	Yes	No	No	Yes	Yes
Gain of Alternate Non- CSU Coverage	Yes	Yes	*	*	*	*
Loss of Alternate Non- CSU Coverage	No	Yes	*	*	*	*
Bignificant Change in Alternative non-CSU Coverage	Yes	Yes	*	*	*	*

Field Description List: Life Event Rules Page (above)

Field Name	Description
1st Column	Lists the common life events.
2nd Column	Indicates whether you can switch to Medical Flex Cash or Dental Flex Cash from your current Medical or Dental plan.
3rd Column	Indicates whether you can switch from or cancel your current Medical Flex Cash or Dental Flex Cash and enroll in Medical or Dental plan.
4th Column	Indicates whether you can enroll in a new HCRA or DCRA plan.
5th Column	Indicates whether you can increase the monthly contribution amount for your HCRA or DCRA plan.
6th Column	Indicates whether you can decrease the monthly contribution amount for your HCRA or DCRA plan.
7th Column	Indicates whether you can cancel your HCRA or DCRA plan.

The Life Events page displays.

Notes: If you click the information icon, it will display more details about various Benefit programs, eligibility and enrollment.

The other hyperlinks on this page provide more information about each highlighted item.

Benefits Enrollment

Life Events

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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. Failure to change within the 60 day timeframe will delay the effective date of coverage. For questions regarding your benefits information, please contact your Benefits Service Representative at 408-924-2250 or you can visit the <u>HR website</u>.

ife Event				
You have indicated th	nat you are pe	erforming the follo	wing life event change.	
Life Event Marriage	B		Event Date	03/04/2008
Marital Status				
Please indicate your	current or ne	w marital status.		
*Marital Status		*		
Medical Plan Selectio	n			
You have a comprehe You share the cost of For detailed informati <u>MPP/Confidential</u> em	ensive progra i the coverage ion regarding ployees sect	am of medical ben e with the CSU; the the CSU medical ion of the HR web	efits available to you, and in e CSU pays the greater portio plans and providers, please site.	many instances, your family. on of the monthly premium. e visit the <u>Staff, Faculty</u> , or
You can not change y plan.	your current p	olan provider; you	may only add or delete depe	ndents from your current
💿 No Change				
○ Add / Del Depend	ents 🔿 N	lew Enrollment	Cancel Enrollment	O Decline Coverage
Alternatively, if you ha obtain cash in lieu of medical insurance ca that holds the policy.	ve non-CSU 'CSU covera <u>c</u> arrier's name For more info	medical coverage ge. If you elect the and policy numbe prmation, view the	, you may elect to participate FlexCash plan, you are requ r, as well as the Social Secu <u>FlexCash Plan</u> document.	in the FlexCash plan to ired to provide the alternate ırity Number of the person
💿 No Change	\bigcirc	lew Enrollment	Cancel Enrollment	O Decline Coverage
Dental Plan Selection				
The CSU pays the ful and providers, please	I cost of your e visit the <u>Sta</u>	monthly premium ff, <u>Faculty</u> , or <u>MPP</u>	. For detailed information reg	garding the CSU dental plans
You can not change y plan.	νour current p	A Nan provider; you	A may only add or delete depe	tion of the HR website. Indents from your current
You can not change y plan. • No Change	↔ your current p	A Nan provider; you	may only add or delete depe	tion of the HK website. Indents from your current
You can not change y plan. • No Change • Add / Del Depend	vour current p lents ON	Alan provider; you lew Enrollment	Cancel Enrollment	ndents from your current
You can not change y plan. No Change Add / Del Depend Alternatively, if you ha cash in lieu of CSU c insurance carrier's na the policy. For more in	your current p ients ON ve non-CSU overage. If yo ame and poli nformation, vi	Ana provider; you lew Enrollment Dental coverage, 3 u elect the FlexCa cy number, as we iew the FlexCash	Cancel Enrollment Cancel Enrollment Courney elect to participate in sh plan, you are required to Il as the Social Security Num Plan document.	ndents from your current Decline Coverage The FlexCash plan to obtain provide the alternate dental ber of the person that holds
You can not change y plan. • No Change • Add / Del Depend Alternatively, if you ha cash in lieu of CSU c insurance carrier's na the policy. For more in • No Change	vour current p ents N ve non-CSU overage. If yo ame and poli nformation, vi	An provider; you lew Enrollment Dental coverage, y u elect the FlexCa cy number, as we iew the FlexCash lew Enrollment	Cancel Enrollment	The FlexCash plan to obtain provide the alternate dental ber of the person that holds
You can not change y plan. No Change Add / Del Depend Alternatively, if you ha cash in lieu of CSU c insurance carrier's na the policy. For more in No Change Flex Spending Account	your current p ents N we non-CSU overage. If yo ame and poli nformation, vi N	An provider; you lew Enrollment Dental coverage, y u elect the FlexCa cy number, as we iew the <u>FlexCash</u> lew Enrollment	Cancel Enrollment Cancel Enrollment Course lect to participate in sh plan, you are required to as the Social Security Num Plan document. Cancel Enrollment	ndents from your current Decline Coverage the FlexCash plan to obtain provide the alternate dental ber of the person that holds Decline Coverage
You can not change y plan. No Change Add / Del Depend Alternatively, if you ha cash in lieu of CSU c insurance carrier's no the policy. For more in No Change Flex Spending Accourt The Health Care Reint eligible out-of-pocket enrollment in this plan must be carefully calc forfeited. There is also	ents IN A contract of the second seco	Ana provider; you lew Enrollment Dental coverage, ; u elect the FlexCa cy number, as we iew the FlexCash lew Enrollment Account (HCRA) i dental expenses ual Open Enrollm leduction is \$20.0 ny money left after nnthly administrati	Cancel Enrollment Course elect to participate in sh plan, you are required to il as the Social Security Num Plan Concel Enrollment Cancel Enrollment s a voluntary benefit plan wh with pre-tax dollars for yours ent is required if you wish to 0, and the maximum is \$416 all claims have been submi ve fee charged for each acco	indents from your current
You can not change y plan. No Change Add / Del Depend Alternatively, if you ha cash in lieu of CSU co insurance carrier's no the policy. For more in No Change Flex Spending Account The <u>Health Care Rein</u> eligible out-of-pocket enrollment in this pla next year. The minimum must be carefully calo forfeited. There is als No Change	ents New En	Account (HCRA) i dem Enrollment Dental coverage, y u elect the FlexCa cy number, as we iew the <u>FlexCash</u> lew Enrollment Account (HCRA) i dental expenses ual Open Enrollm leduction is \$20.0 ny money left after onthly administrativ	Cancel Enrollment Cancel Enrollment Courney elect to participate in Sh plan, you are required to If as the Social Security Num Plan document. Cancel Enrollment S a voluntary benefit plan wh with pre-tax dollars for yours ent is required if you wish to 0, and the maximum is \$416 all claims have been submit ve fee charged for each acco Change Monthly Amount	The FlexCash plan to obtain provide the alternate dental ber of the person that holds Decline Coverage Decline Coverage Decline Coverage ich allows you to pay for elf and your dependents. Re- continue coverage for the 8.66. Contribution amounts tted for a plan year will be out.
You can not change y plan. No Change Add / Del Depend Alternatively, if you ha cash in lieu of CSU co insurance carrier's no the policy. For more in No Change Flex Spending Accourt The Health Care Rein eligible out-of-pocket enrollment in this pla next year. The minimum must be carefully calc forfeited. There is als No Change The Dependent Care pay for day care expen- with you. The same in maximum deductions	ents IN A contract of the second seco	Account (HCRA) i demetarionistation demetariation is \$20.0 hy money left after onthly administration rollment ment Account (DCI frem under 13, an pove for HCRA als tive fee, etc.	Cancel Enrollment Cancel Enrollment Courney elect to participate in sh plan, you are required to il as the Social Security Num Plan document. Cancel Enrollment S a voluntary benefit plan wh with pre-tax dollars for yours ent is required if you wish to 0, and the maximum is \$416 all claims have been submi ve fee charged for each acco Change Monthly Amount RA) is also a voluntary benefit o applies to DCRA such as i	tion of the HK website. Indents from your current Decline Coverage In the FlexCash plan to obtain provide the alternate dental ber of the person that holds Decline Coverage ich allows you to pay for elf and your dependents. Re- continue coverage for the 8.66. Contribution amounts ted for a plan year will be unt. t Cancel Enrollment it plan which allows you to ter dependent adult who lives re-enrollment, minimum and

Current Marital Status:

8. If your Life Event was **Marriage**, use the dropdown menu to select your current marital status.

Benefits Enrollment

Life Events

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. Failure to change within the 60 day timeframe will delay the effective date of coverage. For questions regarding your benefits information, please contact your Benefits Service Representative at 408-924-2250 or you can visit the <u>HR website</u>.



Click the Information icon to learn more about various Benefit programs, eligibility, and enrollment.

Life Event

You have indicated that you are performing the following life event change.

Life Event Marriage		Event Date	03/04/2008
Marital Status			
Please indicate your current or ne	ew marital status.		
*Marital Status	✓		
Medical Plan Sel Demostic Porter	or		
You have a com You share the co For detailed info MPP/Confidentia	nedical bend the CSU; the SU medical the HR webs	afits available to you, and in i CSU pays the greater portic plans and providers, please site.	many instances, your family. on of the monthly premium. visit the <u>Staff, Faculty</u> , or
You can not change your current plan.	plan provider; you r	may only add or delete depe	ndents from your current
No Change			
O Add / Del Dependents	New Enrollment	○ Cancel Enrollment	O Decline Coverage

How do I make changes to my current Medical plan?

The Life Events page displays.	Medical Plan Selection You have a comprehensive program of medical benefits available to you, and in many instances, your family. You share the cost of the coverage with the CSU: the CSU pays the greater portion of the monthly premium.
 Follow steps 1 through 8 in the Navigate to Life Events section. 	For detailed information regarding the CSU medical plans and providers, please visit the <u>Staff, Faculty</u> , or <u>MPP/Confidential</u> employees section of the HR website.
Note: The Medical Plan Selection defaults with the No Change radio button selected.	No Change Add / Del Dependents New Enrollment Cancel Enrollment Decline Coverage
2. Under Medical Plan Selection , select the appropriate radio button. (Descriptions are listed	Alternatively, if you have non-CSU medical 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 medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the FlexCash Plan document. No Change O New Enrollment O Cancel Enrollment O Decline Coverage
below.)	

Field Description List: Life Events Page (above)

Field Name	Description
No Change	If you do not want to make any changes to your current medical plan, select this radio button.
Add/Del Dependents	If you want to add or delete dependents in your current medical plan, select this radio button
New Enrollment	If you currently do not have a medical plan but want to enroll in it due to your life event, select this radio button.
Cancel Enrollment	If you currently have medical plan, but want to cancel it due to your life event, select this radio button.
Decline Coverage	If you currently do not have medical coverage from SJSU and do not wish to enroll in a medical plan, select this radio button.

Note: Any change you make based on your life event should correspond with the Life Event Rules chart displayed on the previous page. (See page 6 for details.)

Notes: In this example, we have selected the Add/Del Dependents radio button to add the spouse to the current medical plan due to the life event of marriage.

Steps on how to enroll your eligible dependents in your medical plan are provided on page 19.

 After selecting all changes, skip to the Complete Life Events Elections section (on page 22) to complete the process.

You have a comprehensi You share the cost of the For detailed information (<u>MPP/Confidential</u> employ	ve program of medical ber coverage with the CSU; th regarding the CSU medica rees section of the HR wet	nefits available to you, and in e CSU pays the greater portic I plans and providers, please isite.	many instances, your far on of the monthly premiu visit the <u>Staff, Faculty,</u> or
You can not change your plan.	current plan provider ; you	may only add or delete depe	ndents from your current
No Change Add / Del Dependents	s 🔿 New Enrollment	Cancel Enrollment	🔘 Decline Covera
Alternatively, if you have r obtain cash in lieu of CSI medical insurance carrie	on-CSU medical coverage J coverage. If you elect the r's name and policy numb	e, you may elect to participate FlexCash plan, you are requi er, as well as the Social Secu	in the FlexCash plan to red to provide the alterna rity Number of the perso
that holds the policy. For	more information, view the	FlexCash Plan document.	

How do I make changes to my current Medical FlexCash plan?



Field Description List: Life Events Page (above)

Field Name	Description
No Change	If you do not want to make any changes to your medical flexcash plan, select this radio button.
New Enrollment	If you currently do not have the medical flexcash plan but want to enroll in it due to your life event, select this radio button.
Cancel Enrollment	If you currently have the medical flexcash plan, but want to cancel it due to your life event, select this radio button.
Decline Coverage	If you currently do not have medical flexcash coverage from SJSU and do not wish to enroll in it, select this radio button.

Note: Any change you make based on your life event should correspond with the Life Event Rules chart displayed on the previous page. (See page 6 for details.)

Note: In this example, we have first selected the Cancel Enrollment radio button to cancel the current medical plan and then selected the New Enrollment radio button to enroll in the medical flexcash plan due to the life event of marriage.

- 7. Provide your alternate medical insurance policy information including the following:
 - Social Security number of the person who holds the alternate policy under which you are covered
 - Alternate medical insurance carrier name
 - Policy number
- 8. After selecting all changes, skip to the **Complete Life Events Elections** section (on page 22) to complete the process.

≁	Medical Plan Selection			
	You have a comprehensi You share the cost of the For detailed information MPP/Confidential employ	ve program of medical bene coverage with the CSU; the regarding the CSU medical rees section of the HR webs	efits available to you, and CSU pays the greater po plans and providers, plea ite.	in many instances, your family. ortion of the monthly premium. ase visit the <u>Staff, Faculty</u> , or
	You can not change your plan.	r current plan provider ; you r	nay only add or delete de	ependents from your current
	🔿 No Change		1	
	🔘 Add / Del Dependents	s 🔿 New Enrollment	Cancel Enrollment	○ Decline Coverage
→	Alternatively, if you have r obtain cash in lieu of CS medical insurance carrie that holds the policy. For	ion-CSU medical coverage, U coverage. If you elect the F r's name and policy number more information, view the <u>F</u>	you may elect to participa 'lexCash plan, you are re r, as well as the Social Si <mark>'lexCash Plan</mark> document	ate in the FlexCash plan to quired to provide the alternate ecurity Number of the person
	🔿 No Change	New Enrollment	🔘 Cancel Enrollment	O Decline Coverage
→	*Social Security Number	001234567	*Insurance Carrier	Kaiser HMO
	→ *Policy Number	K8787878	1	

How do I make changes to my current Dental plan?



Field Description List: Life Events Page (above)

Field Name	Description
No Change	If you do not want to make any changes to your current dental plan, select this radio button.
Add/Del Dependents	If you want to add or delete dependents in your current dental plan, select this radio button.
New Enrollment	If you currently do not have a dental plan but want to enroll in it due to your life event, select this radio button.
Cancel Enrollment	If you currently have dental plan, but want to cancel it due to your life event, select this radio button.
Decline Coverage	If you currently do not have dental coverage from SJSU and do not wish to enroll in a dental plan, select this radio button.
Note	Any change you make based on your life event should correspond with the Life Event Rules chart displayed on the previous page. (See page 6 for details.)

Notes: In this example, we have selected the Add/Del Dependents radio button to add the spouse to the current dental plan due to the life event of marriage.

Steps on how to enroll your eligible dependents in your dental plan are provided on page 19.

11. After selecting all changes, skip to the **Complete Life Events Elections** section (on page 22) to complete the process.

≻	Dental Plan Selection								
	You have a comprehensive program of dental benefits available to you, and in many instances, your family. The CSU pays the full cost of your monthly premium. For detailed information regarding the CSU dental plans and providers, please visit the <u>Staff, Faculty</u> , or <u>MPP/Confidential</u> employees section of the HR website.								
	You can not change your cur plan.	rent plan provider ; you m	nay only add or delete depend	dents from your current					
	🔘 No Change								
→	Add / Del Dependents	○ New Enrollment	○ Cancel Enrollment	○ 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 <u>FlexCash Plan</u> document.								
	the policy. For more informat	ion, view the <u>FlexCash P</u>	<u>lan</u> document.						

How do I make changes to my current Dental FlexCash plan?



Field Description List: Life Events Page (above)

Field Name	Description
No Change	If you do not want to make any changes to your dental flexcash plan, select this radio button.
New Enrollment	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.
Cancel Enrollment	If you currently have the dental flexcash plan, but want to cancel it due to your life event, select this radio button.
Decline Coverage	If you currently do not have dental flexcash coverage from SJSU and do not wish to enroll in it, select this radio button.
Note	Any change you make based on your life event should correspond with the Life Event Rules chart displayed on the previous page. (See page 6 for details.)

Note: In this example, we have first selected the Cancel Enrollment radio button to cancel the current dental plan and then selected the New Enrollment radio button to enroll in dental flexcash plan due to the life event of marriage.

- 15. Provide your alternate dental insurance policy information including the following:
 - Social Security number of the person who holds the alternate policy under which you are covered
 - Alternate medical insurance carrier name
 - Policy number
- 16. After selecting all changes, skip to the **Complete Life Events Elections** section (on page 22) to complete the process.

→	Dental Plan Selection			
	You have a comprehensive The CSU pays the full cost and providers, please visit	e program of dental benefit of your monthly premium. the <u>Staff, Faculty</u> , or <u>MPP/C</u>	s available to you, and in mai For detailed information rega <u>confidential</u> employees sectio	ny instances, your family. Irding the CSU dental plans on of the HR website.
	You can not change your c plan.	urrent plan provider ; you n	nay only add or delete depeni	dents from your current
	🔿 No Change		4	
	○ Add / Del Dependents	○ New Enrollment	 Cancel Enrollment 	O Decline Coverage
→	Alternatively, if you have no cash in lieu of CSU covera insurance carrier's name a the policy. For more inform	n-CSU Dental coverage, yo ge. If you elect the FlexCas and policy number, as well ation, view the <u>FlexCash P</u>	ou may elect to participate in t h plan, you are required to pr as the Social Security Numbr l <u>an</u> document.	he FlexCash plan to obtain ovide the alternate dental er of the person that holds
	🔿 No Change	→ 💿 New Enrollment	🔘 Cancel Enrollment	O Decline Coverage
→	*Social Security Number	01234567	*Insurance Carrier Delt	aDental
	→ *Policy Number 🛛	009090	1	

How do I make changes to my current Flex Spending Health (HCRA) or Flex Spending Dependent (DCRA) plan?



Field Description List: Life Events Page (above)

Field Name	Description
No Change	If you do not want to make any changes to your HCRA and/or DCRA plan, select this radio button.
New Enrollment	If you currently do not have the HCRA and/or DCRA plan but want to enroll in either of them due to your life event, select this radio button.
Change Monthly Amount	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.
Cancel Enrollment	If you currently have the HCRA and/or DCRA plan, but want to cancel either of them due to your life event, select this radio button.
	Note: Any change you make based on your life event should correspond with the Life Event Rules chart displayed on the previous page. (See page 6 for details.)

Note: In this example, we have selected the Change Monthly Amount radio button to increase the monthly contribution amount for the HCRA plan and the New Enrollment radio button to enroll in DCRA plan due to the life event of marriage.

4. After selecting all changes, skip to the **Complete Life Events Elections** section (on page 22) to complete the process.

7	Hex Spending Accounts								
	The <u>Health Care Reimbursement Account</u> (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket medical and dental expenses with pre-tax dollars for yourself and your dependents. Re- enrollment in this plan during annual Open Enrollment is required if you wish to continue coverage for the next year. The minimum monthly deduction is \$20.00, and the maximum is \$416.66. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited. There is also a \$2.00 monthly administrative fee charged for each account.								
	 ○ No Change ○ New Enrollment ▲ O Change Monthly Amount ○ Cancel Enrollment ▲ O Change Monthly Amount 								
→	 The <u>Dependent Care Reimbursement Account</u> (DCRA) is also a voluntary benefit plan which allows you to pay for day care expenses for children under 13, an incapacitated spouse, or other dependent adult who lives with you. The same information above for HCRA also applies to DCRA such as re-enrollment, minimum and maximum deductions, administrative fee, etc. 								
	○ No Change								
	*Monthly DCRA Amount 200								

How do I add and/or remove eligible dependents from my Medical and/or Dental plan?

The Life Events page displays.

Follow steps 1 through 8 in the Navigate to Life Events section.

At the bottom section of the Live Events page, the option to add and/or remove eligible dependents from your Medical and/or Dental plan displays.

5. Click the **Add New Dependent** link to add a new dependent.

The Dependent Personal Information page displays.

6. Enter the **Personal Information** of the dependent.

Note: Fields marked with an asterisk are required. If the dependent you are entering is a spouse or a domestic partner, you will be required to enter their Social Security Number.

- 7. Enter the Address & Telephone information.
- If address and phone are the same as the Employee, then mark the Same Address as Employee checkbox.

Use the section below to add new dependents and/or enroll existing eligible dependents in your Medical and/or Dental plans. Supporting documents are required when enrolling dependents, please click the information icon at the top of this page to view them.

Note: When enrolling dependents in Blue Shield, you must identify a Primary Care Physician. This is not required by any other plan.



Dependent Personal Information

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2008. Remember, a Social Security Number is required for a spouse or domestic partner.

Personal Information	
*First Name:	
Middle Name:	
*Last Name:	
Name Prefix:	Q
Name Suffix:	Q
*Gender:	Male
*Date of Birth:	
SSN:	(Social Security Number)
*Relationship to Employee:	✓
Same Address as Emple Country:	oyee
▼ Same Address as Emple Country: Address:	oyee
✓ Same Address as Emple Country: Address:	oyee
☑ Same Address as Emple Country: Address:	oyee
✓ Same Address as Emple Country: Address:	oyee
✓ Same Address as Emple Country: Address:	oyee Vee
 Same Address as Employ Country: Address: Same Phone as Employ Phone: 	oyee
 Same Address as Employ Country: Address: Same Phone as Employ Phone: 	oyee yee
 Same Address as Employ Country: Address: Same Phone as Employ Phone: * Required Field 	oyee vee
Same Address as Employ Country: Address: Same Phone as Employ Phone: * Required Field Save	oyee

Note: In this example, we have added a son as a new dependent.

 Click the OK button to save the new dependent in the database and return to the Life Events page.

Dependent Personal Information

Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2008. Remember, a Social Security Number is required for a spouse or domestic partner.

Personal Information		
First Name:	John	
iddle Name:		
ast Name:	Smith	
lame Prefix:	Q	
lame Suffix:	Q	
Gender:	Male 😽	
Date of Birth:	09/01/2007 🛐	
SN:		(Social Security Number)
elationship to Employee:	Son	~
Address: 34 San Jo	™ani Crini se, CA 94550	
Same Phone as Employ	/ee	
Phone: 408/924-1000		
* Required Field OK Cancel		

Use the section below to add new dependents and/or enroll existing eligible dependents in your Medical and/or Dental plans. Supporting documents are required when enrolling dependents, please click the information icon at the top of this page to view them.

Note: When enrolling dependents in Blue Shield, you must identify a Primary Care Physician. This is not required by any other plan.

Add New Dependent

	Customize Find 🚟 First 🗹					
	<u>Name</u>	<u>Birthdate</u>	<u>Relation</u>	<u>Medical</u> Coverage	<u>Blue Shield Primary</u> Care Provider	<u>Dental Coverage</u>
→	Elaine Smith	07-AUG-68	Spouse	No Change 💌		No Change 💌
→	John Smith	01-SEP-07	Son	No Change 🔽		No Change 💌

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.

The dependents you added in the database display at the bottom of the Life Events page.

Note: In this example, we have added a spouse and a son due to the life event of marriage. Note: You must be currently enrolled in the medical or dental plan in order to add and/or remove eligible dependents from the respective plans.

10. Use the drop-down menu to select **Add** or **Remove** from **Medical Coverage**.

Note: You must provide the Primary Care Physician when enrolling dependents in Blue Shield HMO. Use the section below to add new dependents and/or enroll existing eligible dependents in your Medical and/or Dental plans. Supporting documents are required when enrolling dependents, please click the information icon at the top of this page to view them.

Note: When enrolling dependents in Blue Shield, you must identify a Primary Care Physician. This is not required by any other plan.

Add New Dependent

Add New Dependent					/	
				<u>Custor</u>	<u>nize Find</u> 🏭 🖌 Fir	rst 🖪 1-2 of 2 🕩 Last
<u>Name</u>	<u>Birthdate</u>	<u>Relation</u>	<u>Medical</u> <u>Coverage</u>		<u>Blue Shield Priman Care Provider</u>	L Dental Coverage
Elaine Smith	07-AUG-68	Spouse	Add	~		No Change 💙
John Smith	01-SEP-07	Son	Add			No Change 🗸
			No Change	е		
			Remove			

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.

- 11. Use the drop-down menu to select Add or Remove from Dental Coverage.
- 12. After selecting all changes, skip to the Complete Life Events Elections section (on page 22) to complete the process.

Use the section below to add new dependents and/or enroll existing eligible dependents in your Medical and/or Dental plans. Supporting documents are required when enrolling dependents, please click the information icon at the top of this page to view them.

Note: When enrolling dependents in Blue Shield, you must identify a Primary Care Physician. This is not required by any other plan.

Add New Dependent						
			Custor	nize Find 🛄 First	1-2 of 2 ▶ Last	
<u>Name</u>	<u>Birthdate</u>	<u>Relation</u>	<u>Medical</u> Coverage	<u>Blue Shield Primary</u> <u>Care Provider</u>	Dental Coverage	
Elaine Smith	07-AUG-68	Spouse	Add 🗸		Add 🔽	
John Smith	01-SEP-07	Son	No Change 🔽		Add	
					No Change	
					Remove	



Click Continue to proceed to the next section. Your enrollment will not be complete if you do not complete and submit the next section.

Complete Life Events Elections

The Life Events page displays.

13. After you have made all your elections on the Life Events page, click the Continue button at the bottom of the page.

Note: In this example, we have submitted a life event of marriage. We have added a spouse and a son to the current Medical and Dental plans. We have also changed the monthly contribution amount for HCRA and enrolled in DCRA due to this life event.

	Medical Plan Selection								
You have a comprehensive program of medical benefits available to you, and in many instances, your family. You share the cost of the coverage with the CSU; the CSU pays the greater portion of the monthly premium. For detailed information regarding the CSU medical plans and providers, please visit the <u>Staff, Faculty</u> , or <u>MPP/Confidential</u> employees section of the HR website.									
You can not change your plan.	current plan p	orovider; you	may only add	l or de	elete depend	ents from [.]	your current	t	
◯ No Change									
Add / Del Dependents	○New I	Enrollment	○ Cance	l Enro	liment	🔿 Decli	ine Coveraç	je	
Alternatively, if you have non-CSU medical 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 medical 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 <u>FlexCash Plan</u> document.									
⊙ No Change	○New I	Enrollment	○ Cance	l Enro	liment	O Decli	ine Coveraç	je	
Dental Plan Selection									
You have a comprehensive The CSU pays the full cost and providers, please visit You can not change your plan. No Change	re program of t of your mon t the <u>Staff, Fa</u> current plan p	idental benef thly premium <u>culty</u> , or <u>MPP</u> provider; you	īts available . For detaileo <u>Confidential</u> may only ado	to you l inforr emplo l or de	, and in man mation regai oyees sectio elete depend	y instance ding the C n of the HF ents from '	s, your fami SU dental p ? website. your current	ly. Ians	
Add / Del Dependents	○ New I	Enrollment	○ Cance	l Enro	liment	ODecli	ine Coveraç	je	
Alternatively, if you have no cash in lieu of CSU covera insurance carrier's name the policy. For more inform	on-CSU Dent age. If you ele and policy nu nation, view tl	al coverage, y ct the FlexCa mber, as wel ne <u>FlexCash</u> I	/ou may elec sh plan, you Il as the Soci <u>Plan</u> docume	t to pa are re al Sec ent.	rticipate in th quired to pro arity Numbe	ne FlexCas wide the al r of the pei	h plan to ok Iternate den rson that ho	otain tal Ids	
💿 No Change	○New I	Enrollment	⊖ Cance	l Enro	liment	🔿 Decli	ine Coveraç	je	
Flex Spending Accounts									
The <u>Health Care Reimbursement Account</u> (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket medical and dental expenses with pre-tax dollars for yourself and your dependents. Re- enrollment in this plan during annual Open Enrollment is required if you wish to continue coverage for the next year. The minimum monthly deduction is \$20.00, and the maximum is \$416.66. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited. There is also a \$2.00 monthly administrative fee charged for each account.									
must be carefully calculat forfeited. There is also a s	ed, as any m 2.00 monthly	oney left after / administrati	U, and the m all claims ha ve fee charge	ave be ed for i	en submitte each accour	d for a plar t.	n year will be	its e	
must be carefully calculat forfeited. There is also a \$ No Change	ed, as any m \$2.00 monthly • New Enrollin	oney left after / administrati nent	U, and the m all claims ha ve fee charge O Change I	ave be ed for i Aonth	en submitte each accour ly Amount	d for a plar t. OCance	n year will be	e nts nt	
must be carefully calculat forfeited. There is also a § No Change 'Monthly HCRA Amount	ed, as any m \$2.00 monthly • New Enrolin \$400.00	oney left after / administrati nent	U, and the m all claims ha ve fee charge O Change I	ave be ad for a Aonth i	en submitte each accour ly Amount	d for a plar t. O Cance	n year will bi	e nts	
must be carefully calculat forfeited. There is also a S No Change 'Monthly HCRA Amount The <u>Dependent Care Rei</u> pay for day care expenses with you. The same inform maximum deductions, ad	ed, as any m \$2.00 monthly New Enrollin \$400.00 mbursement s for children nation above ministrative f	oney left after v administrati nent Account (DCI under 13, an for HCRA als se, etc.	U, and the m all claims ha ve fee charge O Change I RA) is also a incapacitated o applies to l	volun volun Jorth	en submitte each accour ly Amount lary benefit p use, or other such as re-	I for a plar t. Cance lan which dependen enrollment	allows you t t adult who t, minimum	to lives and	
must be carefully calculat forfeited. There is also a S No Change 'Monthly HCRA Amount The Dependent Care Rei pay for day care expenses with you. The same inform maximum deductions, ad No Change	ed, as any m \$2.00 monthly New Enrolin \$400.00 mbursement s for children nation above ministrative f New Enrolin	oney left after administrati nent <u>Account</u> (DCI under 13, an for HCRA als se, etc. nent	U, and the m all claims have fee charge Change I RA) is also a incapacitate o applies to l Change I	volun donthi volun d spou DCRA	en submitte each accour ly Amount tary benefit p jse, or other such as re- ly Amount	I of a plar d for a plar t. Cance lan which dependen enrollment	allows you t allows you t t adult who t, minimum	nts e nt to lives and nt	
must be carefully calculat forfeited. There is also a S No Change 'Monthly HCRA Amount The Dependent Care Rei pay for day care expenses with you. The same inform maximum deductions, ad No Change 'Monthly DCRA Amount	ed, as any m \$2.00 monthly New Enrolin \$400.00 mbursement for children nation above ministrative f New Enrolin 200	oney left after x administrati nent <u>Account</u> (DCI under 13, an for HCRA als ee, etc. nent	U, and the m all claims have fee charge Change f RA) is also a incapacitate o applies to l Change f	volun volun Jonthi volun JocRA	en submitte each accour ly Amount tary benefit p use, or other such as re- ly Amount	lan which dependen enrollment	allows you t allows you t t adult who t, minimum	nts e nt to lives and nt	
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must be carefully calculat forfeited. There is also a S No Change 'Monthly HCRA Amount The <u>Dependent Care Rei</u> pay for day care expenses with you. The same inform maximum deductions, ad No Change 'Monthly DCRA Amount Use the section below to a and/or Dental plans. Supp- information icon at the top Note: When enrolling depe	ed, as any m \$2.00 monthly New Enrollin \$400.00 mbursement s for children nation above ministrative fr New Enrollin 200 dd new depe of this page to ndents in Blu	oney left after administrati nent Account (DCI under 13, an for HCRA als ee, etc. nent ndents and/o ents are requ o view them. Ie Shield, you	U, and the m all claims have fee charge Change I Change I RA) is also a incapacitated o applies to l Change I r enroll existi ired when er	ve be d for i volun 1 spou DCRA Monthi ng elin vrolling	en submitte each accour ly Amount tary benefit p ise, or other such as re- ly Amount gible depen- g dependent mary Care F	d for a plar t. Cance lan which dependen enrollment Cance dents in yo s, please of hysician. T	el Enrollmer allows you t t adult who t, minimum el Enrollmer ur Medical click the	tts e nt to lives and nt	
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must be carefully calculat forfeited. There is also a S No Change 'Monthly HCRA Amount The Dependent Care Rei pay for day care expenses with you. The same inform maximum deductions, ad No Change 'Monthly DCRA Amount Use the section below to a and/or Dental plans. Supprinformation icon at the top Note: When enrolling deper required by any other plan. Add New Dependent	ed, as any m \$2.00 monthly New Enrollin \$400.00 mbursement s for children nation above ministrative f New Enrollin 200 dd new depe pring docum of this page to ndents in Blu	oney left after administrati nent Account (DC) under 13, an for HCRA als ae, etc. nent ndents and/o ents are requ b view them. le Shield, you	U, and the m all claims ha ve fee charge O Change I RA) is also a incapacitate o applies to l O Change I r enroll existi ired when er	volun d for i Monthi spou DCRA Monthi ng eliu rolling y a Pri	en submitte each accour ly Amount tary benefit p use, or other such as re- ly Amount gible dependent g dependent mary Care F	Id for a plar t. Cance Ian which dependen enrollment Cance dents in yoo s, please (hysician. 1	el Enrollmer allows you t t adult who t, minimum el Enrollmer ur Medical click the This is not	tts e nt to lives and nt	
must be carefully calculat forfeited. There is also a S No Change 'Monthly HCRA Amount The <u>Dependent Care Rel</u> pay for day care expenses with you. The same inform maximum deductions, ad No Change 'Monthly DCRA Amount Use the section below to a and/or Dental plans. Supplinformation icon at the top Note: When enrolling depen- required by any other plan. Add New Dependent	ed, as any m \$2.00 monthly New Enrollm \$400.00 mbursement s for children nation above ministrative fr New Enrollm 200 dd new depe orting docum of this page to ndents in Blu Birthdate	oney left after administrati nent Account (DCI under 13, an for HCRA als ee, etc. nent ndents and/o ents are requ o view them. le Shield, you Relation	U, and the m all claims have fee charge Change f Change f RA) is also a incapacitate o applies to l Change f r enroll existi ired when er must identif Medical Coverage	volun J spot J spot J spot J custo	en submitte each accour ly Amount tary benefit p ise, or other such as re- ly Amount gible depen- g dependent mary Care F mize Find ³ Blue Shield Care Provi	Ian which dependen enrollment Cance Cance Cance dents in yo s, please (hysician. 1 First Primary der	el Enrollmer allows you t t adult who t, minimum el Enrollmer ur Medical click the This is not	tts e nt to lives and nt Las	
must be carefully calculat forfeited. There is also a S No Change C 'Monthly HCRA Amount The Dependent Care Rei pay for day care expenses with you. The same inform maximum deductions, ad No Change • 'Monthly DCRA Amount Use the section below to a and/or Dental plans. Supplinformation icon at the top Note: When enrolling depered required by any other plan. Add New Dependent Name Elaine Smith	ed, as any m. 2.00 monthly New Enrollin 400.00 mbursement for children nation above ministrative f New Enrollin 200 dd new depe orting docum of this page to ndents in Blu Birthdate 07-AUG- 68	Account (DC) under 13, an for HCRA als ee, etc. hent ndents and/o ents are requ o view them. le Shield, you Relation Spouse	U, and the m all claims ha ve fee charge Change I RA) is also a incapacitater o applies to l Change I r enroll existi ired when er must identif Medical Coverage Add	volun volun d spou d spou DCRA Monthi ng eli; volunthi volunthi g a Pri Custor	en submitte each accour ly Amount tary benefit p use, or other such as re- ly Amount gible dependent mary Care F mize Find ³ Blue Shield Care Provi Dr. Kim H	Iden which Cance Cance Iden which dependen enrollment Cance dents in yoo s, please of hysician. T First Primary der ansen	el Enrollmer allows you 1 t adult who t, minimum el Enrollmer click the Chis is not	ts e to lives and nt Erage	
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The final submit page for Life Events displays.

14. Effective Date of Coverage: Review this section to understand when your new elections will be effective.

15. Eligibility

Documentation: Review this section to find out if any additional documentation is needed by your Benefits Representative before your elections can be finalized.

16. Disclosures and Privacy

Notice: Click this hyperlink to read the disclosures and privacy information about the benefit plans you have elected.

Note: See next page to understand the disclosures and privacy page.

17. After reading the Disclosures and Privacy Information, mark the checkbox to affirm that you have read it and understand it.

 Click the Sign button to electronically authorize your elections. Benefits Enrollment

New Enrollment

Effective Date of Coverage

Medical and **Dental** coverage becomes effective the first day of the month following the day your Benefits Service Representative receives your completed benefit elections. Coverage for **FlexCash Plans** and **Flexible Spending Accounts** becomes effective the first day of the **second** month following the day your Benefits Service Representative receives your completed benefit elections.

Example: If you make Medical and/or Dental elections and provide all the supporting documents on 2/25/2008, they will be effective on 3/1/2008. However, if you elect FlexCash and/or enroll in a Flexible Spending Account on 2/25/2008, they will be effective on 4/1/2008.

Benefit elections are not finalized until you provide the required supporting documentation to your Benefits Service Representative.

Supporting Documentation

You may need to certify your dependent's eligibility for coverage by providing verifying documentation as described below. Benefit elections are not finalized until you provide the necessary documentation to your Benefits Service Representative, located in Human Resources, University Police Department Building, Third Floor, on the corner of 7th and San Salvador Street.

Eligible family members include spouses, domestic partners and dependent children under the age of 23.

In order to **enroll a spouse for the first time**, a marriage certificate and the spouse's social security number must be provided. If you cannot provide a copy of your marriage certificate, you will be required to complete an <u>Affidavit of Marriage</u>.

When **enrolling a domestic partner**, a <u>Declaration of Domestic Partnership</u> must be provided. For more information regarding Domestic Partners, please visit <u>Family Code section 297</u> of the California State Code. Please visit the <u>Domestic Partner Registry</u> website for more information.

In order to **enroll a new child under the age of 23**, a copy of birth certificate, adoption decree, proof of legal custody and/or guardianship, or copy of Qualified Medical Support Order must be provided.

Dependent children who are not the employee's natural children must live with the employee in a regular parent/child relationship and be economically dependent upon the employee. A completed <u>Afridavit of Eliqibility for Economically Dependent Children</u> 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 will be required at the time of enrollment.

Disclosures and Privacy

I affirm I have reviewed and understand the <u>Disclosures and Privacy Notice</u> information about my elections.

Electronic Signature to Authorize Elections

I authorize the California State Controller's Office to take payroll deductions (if any) for the benefits I selected on a before-tax and after-tax basis. I also authorize my Benefits Service Representative to send necessary personal information to my selected providers to initiate and support my coverage. I consent to the use of Electronic Signature. *Note: Your electronic signature has the same legal and binding effect as signing your name.*



Submit Click Submit to submit your choices to your Benefits Service Representative.

Cancel Click Cancel to ignore all entries made on this page and return to the Enrollment page.

Disclosures and Privacy Notice

The hyperlink mentioned in step 4 of the previous page provides legal disclosures and privacy information about various benefit plans such as Health (Medical & Dental), Flex Cash and Flexible Spending. The information is applicable to you only for the benefit plans you have elected. It is recommended that you read all the information to gain a better understanding of the legal aspects of the benefit plans you are electing to enroll in. Below is a sample of the Disclosures & Privacy Information section. To read the entire Disclosures and Privacy Notice hyperlink displayed on the final submit page.

Disclosures and Privacy Information

Read below the Disclosures & Privacy information for the Benefits Plan you have elected. The information is not applicable to you if you have not elected that Benefit Plan.

1) HEALTH BENEFITS PLAN:

If you have elected for Medical or Dental Plan, you authorize applicable deductions to be made from your salary to cover your share of the cost of enrollment as it is now or as it may be in the future. You also certify that the names of the persons listed as dependents are eligible family members as defined by the State of California and are not enrolled in another State of California medical or dental plan. You authorize your Benefits Service Representative to provide requested information to the program administrator for the purpose of identification and account processing.

Medical Plan Privacy Information: Submissions of the requested information on the Benefits election pages is mandatory. The information requested is collected pursuant to the Government Code Sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to another governmental agency (such as your employer), but only in strict accordance with current statutes regarding confidentiality. Failure to supply the information may result in the System being unable to perform its functions regarding your status.

You have the right to review your membership files maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, CalPERS, PO Box 942702, Sacramento, CA 94229-2702.

Section 7(b), of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency which requests an individual to disclose his Social Security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The Office of Employer and Member Health Services of the California Public Employees' Retirement System request each enrollee's Social Security account number on a voluntary basis. However, it should be noted that due to the use of Social Security account numbers by other agencies for identification purposes, the Office of Employer and Member Health Services may be unable to verify eligibility for benefits without the Social Security account number.

The Office of Employer and Member Health Services of the California Public Employees' Retirement System uses Social Security account numbers for the following purposes:

- 1. Enrollee identification for eligibility processing and eligibility verification
- 2. Payroll deduction and state contribution for state employees
- 3. Billing of contracting agencies for employee and employer contributions
- 4. Reports to the California Public Employees' Retirement System and other state agencies
- 5. Coordination of benefits among carriers

Binding Arbitration: Enrollment in certain plans constitutes an agreement to have any issue of medical malpractice decided by neutral arbitration and waiver of any right to a jury or court trial. Refer to the HBD-DO-29 or HBD-DO-22 to determine if this provision is applicable to your plan or contact your Benefits Service Representative at 408-924-2250

Your name displays in the Sign field as an electronic signature.

19. Click the Submit button to send your final choices to the Benefits Department.

page displays.



Disclosures and Privacy

Notes: You and your Benefits Service Representative will receive an email notification indicating that you have submitted your life event elections. Within 2 business days, your Benefits Service Representative will process and finalize your elections and send you another email notification indicating that your life event benefits enrollment has been completed by the Benefits department.

The email notifications are sent to your preferred email address on your MySJSU account. If you have not saved your preferred email address in MySJSU, please update it under Self Service > Personal Information > Email Addresses.

Employees without a preferred email address in MySJSU will be contacted via phone by their Benefits Service Representative.