

# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

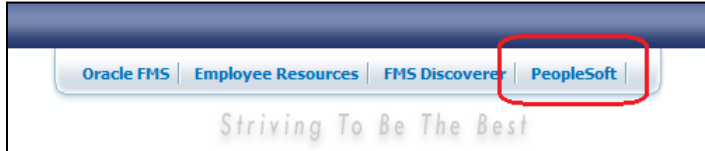
Date Updated: 10/03/18

**Description:** Accessing the Open Enrollment forms allow you to verify, edit, and submit your elections for the new enrollment period.

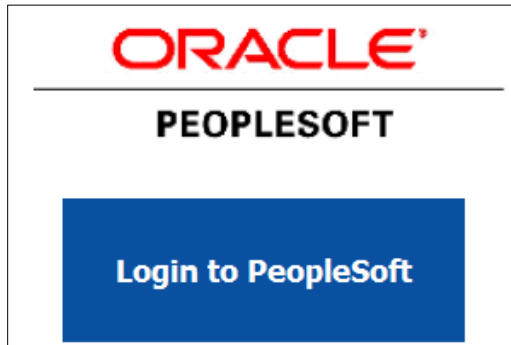
**Prerequisites:** PeopleSoft credentials are assigned after CEO HR has entered/updated the employee's information into the system and PeopleSoft IT has completed the New User process.

**Additional Notes:** For specific questions, contact Benefits. For technical assistance, please email [PeopleSoft-Tech@stancounty.com](mailto:PeopleSoft-Tech@stancounty.com).

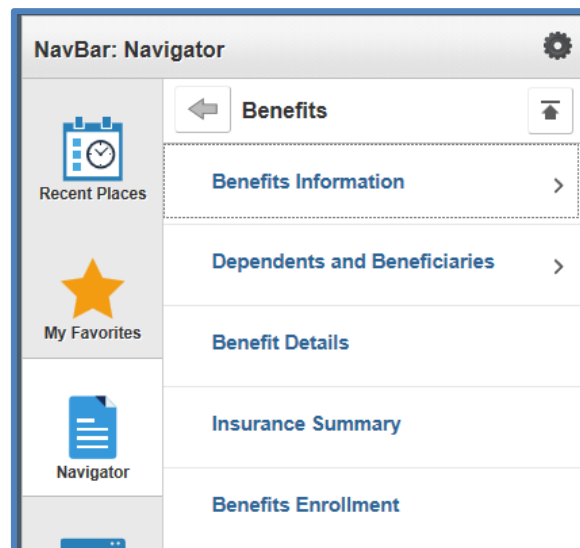
1. Through the [County Intranet](#), click the [PeopleSoft link](#) at the *middle top right* of the webpage.



2. In the center of this page, click the **Login to PeopleSoft** link below the Oracle logo.



**Navigation:**  
Navigator > Self Service > Benefits >  
Benefits Enrollment



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### Open Enrollment

To enter the Open Enrollment elections page click *Select*.

#### Benefits Enrollment


After your initial enrollment, the only time you may change your benefit choices is during Open Enrollment or a qualifying family status change.

The Select button next to an event means it is currently open for enrollment.

To begin your enrollment, click **Select**.

Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

#### Open Benefit Events

Event Description		Event Date	Event Status	Job Title	
Open Enrollment		01/01/2019	Open	Application Specialist III	<b>Select</b>

After you use the Select button, it will take a few seconds for your benefits enrollment information to load.

#### Notice

#### Benefits Enrollment

##### Open Enrollment

Open Enrollment is your annual opportunity to modify your benefit choices.

To continue participating in the Flexible Spending Account, Health or Dependent Care Plans next year, you must re-enroll in these programs during the Open Enrollment period. Additionally, please review your Health Savings Account (HSA) election to confirm your voluntary contribution amount is correct.

You will be able to review the cost of each benefit on the Enrollment Summary.

All of your Benefit changes will be effective January 1st of next year.



**Important: Your enrollment will not be complete until you Submit your choices to Employee Benefits.**

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Click [Edit](#) next to each plan to review and change your benefit elections.

**Enrollment Summary**

<b>Medical</b>	Before Tax EE Cost	After Tax EE Cost	<a href="#">Edit</a>
Current: Waive			
New: Waive	0.00		
<b>Dental</b>	Before Tax EE Cost	After Tax EE Cost	<a href="#">Edit</a>
Current: Delta Dental Core Plan:Family			
New: Delta Dental Core Plan:Family	11.56		
<b>Vision</b>	Before Tax EE Cost	After Tax EE Cost	<a href="#">Edit</a>
Current: Vision Service Plan:Family			
New: Vision Service Plan:Family	2.27		
<b>Accident Insurance</b>	Before Tax EE Cost	After Tax EE Cost	<a href="#">Edit</a>
Current: No Coverage			
New: No Coverage			
<b>Admin Fee for FSA</b>	Before Tax EE Cost	After Tax EE Cost	<a href="#">Edit</a>
Current: No Coverage			
New: No Coverage			
<b>Life</b>	Before Tax EE Cost	After Tax EE Cost	<a href="#">Edit</a>
Current: Basic Life Regular: \$10,000			
New: Basic Life Regular: \$10,000	0.00		
<b>Supplemental Life</b>	Before Tax EE Cost	After Tax EE Cost	<a href="#">Edit</a>
Current: Waive			
New: Waive			
<b>Dependent Life</b>	Before Tax EE Cost	After Tax EE Cost	<a href="#">Edit</a>
Current: No Coverage			
New: No Coverage			
<b>Spousal Life</b>	Before Tax EE Cost	After Tax EE Cost	<a href="#">Edit</a>
Current: No Coverage			
New: No Coverage			
<b>Employee Critical Illness</b>	Before Tax EE Cost	After Tax EE Cost	<a href="#">Edit</a>
Current: No Coverage			
New: No Coverage			
<b>Spouse Critical Illness</b>	Before Tax EE Cost	After Tax EE Cost	<a href="#">Edit</a>
Current: No Coverage			
New: No Coverage			
<b>Child Critical Illness</b>	Before Tax EE Cost	After Tax EE Cost	<a href="#">Edit</a>
Current: No Coverage			
New: No Coverage			
<b>Flex Spending Health - U.S.</b>	Before Tax EE Cost	After Tax EE Cost	<a href="#">Edit</a>
Current: No Coverage			
New: No Coverage			
<b>Flex Spending Dependent Care</b>	Before Tax EE Cost	After Tax EE Cost	<a href="#">Edit</a>
Current: No Coverage			
New: No Coverage			
<b>Health Savings Account</b>	Before Tax EE Cost	After Tax EE Cost	<a href="#">Edit</a>
Current: No Coverage			
New: No Coverage			

Total costs for your new benefit choices are displayed below.

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Click **Submit** to submit all elections or **I have no changes** to submit no changes.

Total costs for your new benefit choices are displayed below.

**\*For an immediate confirmation of your new elections, print this page.**

### Election Summary

Summarized estimates for new Benefit Elections	Total	Before Tax EE Cost	After Tax EE Cost
Costs	13.83	13.83	0.00
Your Total Cost	-9.92	-9.92	0.00

The chart above summarizes the total cost for benefits that will be deducted from your paycheck semi-monthly.

Select the Submit button to send your final choices to Employee Benefits for processing.

Select the I Have No Changes button if you are happy with your prior elections and do not want to make any changes.

**i** Important: Your enrollment will not be complete until you Submit your choices to Employee Benefits by clicking the SUBMIT button.

## Medical Plans

### Benefits Enrollment

#### Medical

The County's medical plan is designed to help maintain wellness and protect you and your family from major financial hardship in the event of illness or injury.

The County offers one medical plan option based on where you live.



**Important! Your current coverage is: Waive. You will continue with this coverage if you do not make a choice.**

Your enrollment on this page may affect your choices for the following type(s) of coverage:  
Health Savings Account

Complete your enrollment on this page before enrolling in the benefit plans listed above.

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### Select an Option

Here Are Your Available Options With Your Semi-Monthly Costs:

#### Overview of all Plans

Select one of the following plans:

If you choose to Waive coverage in this plan, you will receive a \$23.75 Medical Waive Credit, which results in a net earnings for you.

☐ Health Partners HDHP

This is the Health Partners of Northern California High Deductible Health Plan that is used with an Health Savings Account for employees who live in the local service area. The HDHP provides lower premiums, but has an annual deductible. This means you pay the initial medical expenses including pharmacy costs until your deductible is met.

Coverage Level	Your Total Cost	Tax Class
Employee Only	\$17.80	Before-Tax
Employee + Dependent	\$35.60	Before-Tax
Family	\$48.06	Before-Tax

☐ Health Partners EPO

This is the Health Partners of Northern California Exclusive Provider Organization plan for employees who live in the local service area. The EPO plan functions like a traditional HMO plan and may offer employees who are willing to pay a higher monthly premium or who are otherwise unable to participate in the HDHP with HSA option due to having other coverage including Medicare.

Coverage Level	Your Total Cost	Tax Class
Employee Only	\$85.13	Before-Tax
Employee + Dependent	\$170.26	Before-Tax
Family	\$229.85	Before-Tax

☐ UnitedHealthcare HDHP

This is the UnitedHealthcare High Deductible Health Plan that is used with an Health Savings Account for employees who live outside the local service area. The HDHP provides lower premiums, but has an annual deductible. This means you pay the initial medical expenses including pharmacy costs until your deductible is met.

Coverage Level	Your Total Cost	Tax Class
Employee Only	\$17.80	Before-Tax
Employee + Dependent	\$35.60	Before-Tax
Family	\$48.06	Before-Tax

☐ UnitedHealthcare EPO

This is the UnitedHealthcare Exclusive Provider Organization plan for employees who live outside the local service area. The EPO plan functions like a traditional HMO plan and may offer employees who are willing to pay a higher monthly premium or who are otherwise unable to participate in the HDHP with HSA option due to having other coverage including Medicare.

Coverage Level	Your Total Cost	Tax Class
Employee Only	\$85.13	Before-Tax
Employee + Dependent	\$170.26	Before-Tax
Family	\$229.85	Before-Tax

☒ Waive

Review your plan options and semi-monthly costs and then click the **Radio button** next to your plan choice for the new plan year.

**NOTE:** If you add a new dependent, you will need to submit documentation (marriage license, birth certificate, etc.) to Employee Benefits by the Open Enrollment deadline.

# Completing Open Enrollment

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Review your available dependents at the bottom of the page. Make sure the **Enroll box** is checked next to the dependents you want enrolled in this plan.

Click **Add/Review Dependents Button** if you need to add or edit a dependent.

[Add/Review Dependent/Beneficiary](#) Instructions

### Enroll Your Dependents

The following list displays all individuals who are currently listed as your dependents. You will be able to add new dependents to your list by providing certification. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible or to edit information.

You may enroll qualified dependents for coverage under this plan by checking the Enroll box next to their name. If you are removing a dependent, you will need to uncheck the Enroll box. Only qualified dependents are eligible for this plan.

#### Dependent Beneficiary

Enroll	Name	Relationship
<input type="checkbox"/>	[REDACTED]	Spouse
<input type="checkbox"/>	[REDACTED]	Child

Add/Review Dependents

After making your selections and reviewing your dependents are enrolled, click **Update Elections** to save your elections for each plan.

**Discard Changes** if you don't want to save them.

Update Elections

Discard Changes

Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

# Completing Open Enrollment

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### Add/Review Dependent/Beneficiary

To add a new dependent, click **Add a dependent or beneficiary button**.

To edit an existing dependent, click on their **Name**.

**NOTE:** If you are changing a beneficiary to a dependent, for example a Fiance to Spouse, **DO NOT** add them as a new dependent. Edit and update the current dependent information and forward appropriate documentation to Employee Benefits.

**Add/Review Dependent/Beneficiary**

Montoya, Charles

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

**Dependent and Beneficiary Information**

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
Montoya, Charles	Spouse	02/23/2015	Married	02/23/2015	No	No	Yes	Yes
Montoya, Charles	Child		Single		Yes	No	Yes	Yes

**Add a dependent or beneficiary**

Enter your **new dependent** information.

Click **Save** when complete.

Review your new dependent info and click **Return to Dependent/Beneficiary Summary**.

**NOTE:** If you add a new dependent, you will need to submit documentation (marriage license, birth certificate, etc.) to Employee Benefits by the Open Enrollment deadline.

**Dependent/Beneficiary Personal Information**

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2018.

**Personal Information**

\*First Name  
Middle Name  
\*Last Name  
Name Prefix  
Name Suffix  
Date of Birth  
\*Gender Male  
SSN  
\*Relationship to Employee

(Social Security Number)

**Status Information**

\*Marital Status Single  
Student No  
Disabled No  
Smoker Non Smoker

As of  
As of  
As of  
As of

**Address and Telephone**

☒ Same Address as Employee

Country United States  
Address Modesto, CA 95350 Stanislaus

☐ Same Phone as Employee

Phone

**Save**

[Return to Dependent/Beneficiary Summary](#)



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Click **Edit** next to each plan to review and change your benefit elections and dependents, following the previous steps for each plan.

Enrollment Summary			
<b>Medical</b>	Before Tax EE Cost	After Tax EE Cost	<b>Edit</b>
Current: Waive			
New: Waive		0.00	
<b>Dental</b>	Before Tax EE Cost	After Tax EE Cost	<b>Edit</b>
Current: Delta Dental Core Plan:Family			
New: Delta Dental Core Plan:Family		11.58	
<b>Vision</b>	Before Tax EE Cost	After Tax EE Cost	<b>Edit</b>
Current: Vision Service Plan:Family			
New: Vision Service Plan:Family		2.27	
<b>Accident Insurance</b>	Before Tax EE Cost	After Tax EE Cost	<b>Edit</b>
Current: No Coverage			
New: No Coverage			
<b>Admin Fee for FSA</b>	Before Tax EE Cost	After Tax EE Cost	<b>Edit</b>
Current: No Coverage			
New: No Coverage			
<b>Life</b>	Before Tax EE Cost	After Tax EE Cost	<b>Edit</b>
Current: Basic Life Regular: \$10,000			
New: Basic Life Regular: \$10,000		0.00	
<b>Supplemental Life</b>	Before Tax EE Cost	After Tax EE Cost	<b>Edit</b>
Current: Waive			
New: Waive			
<b>Dependent Life</b>	Before Tax EE Cost	After Tax EE Cost	<b>Edit</b>
Current: No Coverage			
New: No Coverage			
<b>Spousal Life</b>	Before Tax EE Cost	After Tax EE Cost	<b>Edit</b>
Current: No Coverage			
New: No Coverage			
<b>Employee Critical Illness</b>	Before Tax EE Cost	After Tax EE Cost	<b>Edit</b>
Current: No Coverage			
New: No Coverage			
<b>Spouse Critical Illness</b>	Before Tax EE Cost	After Tax EE Cost	<b>Edit</b>
Current: No Coverage			
New: No Coverage			
<b>Child Critical Illness</b>	Before Tax EE Cost	After Tax EE Cost	<b>Edit</b>
Current: No Coverage			
New: No Coverage			
<b>Flex Spending Health - U. S.</b>	Before Tax EE Cost	After Tax EE Cost	<b>Edit</b>
Current: No Coverage			
New: No Coverage			
<b>Flex Spending Dependent Care</b>	Before Tax EE Cost	After Tax EE Cost	<b>Edit</b>
Current: No Coverage			
New: No Coverage			
<b>Health Savings Account</b>	Before Tax EE Cost	After Tax EE Cost	<b>Edit</b>
Current: No Coverage			
New: No Coverage			

# Completing Open Enrollment

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### Health Savings Accounts (HSA)

Remember, if you selected a High Deductible medical plan, you will need to select a **Health Savings Account**.

You have the option of contributing pretax dollars to your HSA through payroll deduction. Enter the *annual amount of your voluntary contributions* that will be deducted in 24 semi-monthly payments.

**NOTE:** Remember the County's contribution is included in the annual allowable maximum amount for your HSA. Be sure your Total Elected Contribution plus the County's contribution is not more than the annual allowable maximum.

Click **Update Elections** to save your election.

Click **Discard Changes** if you don't want to save them.

#### Benefits Enrollment

##### Health Savings Account

An Health Savings Account (HSA) works in conjunction with a High Deductible Health Plan (HDHP) that helps you plan, save and pay for health care. Money is deposited federal income tax-free and the money belongs to you.

**i** Important! Your current coverage is: No Coverage. Please review your semi-monthly contribution for first of the year changes.

This benefit plan requires enrollment in one of the following plans:  
Medical

Changing your choices for any of the benefit plans listed above, may invalidate your enrollment on this page.

#### Select an Option

- ☒ SCPH HSA  
☐ Anthem HSA  
☐ Waive

You may enter your total elected annual contribution amount which will be divided and deducted on a semi-monthly basis. Make sure you consider any employer contributions when calculating your annual election. By enrolling in the plan you are certifying that you meet all qualifications to contribute your elected amount and that you are responsible for any penalties incurred based on illegal or excess contributions.

#### Calculations

Maximum total contribution	\$7000.00
Employer Annual Contribution Amount	\$2100.00
Maximum Employee Annual Contribution	\$4900.00
Total Elected Contribution Amount	<input type="text" value="\$0.00 x"/>

**Update Elections**

**Discard Changes**

Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

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### Accident Insurance

If you want to change your Accident Insurance, select the **Radio button** next to your **coverage level** choice.

Enroll Your Dependents will display if you select a coverage level.

Check **Enroll box** to enroll dependent.

To add a new dependent that is not listed, click **Add/Review Dependents**.

[Add/Review Dependent/Beneficiary Instructions](#)

Click **Update Elections** to save your election.

Click **Discard Changes** if you don't want to save them.

Benefits Enrollment

### Accident Insurance

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident. The benefit amounts paid depend on the type of injury and care received.

**Important!** Your current coverage is: No Coverage.

**Select an Option**

Here Are Your Available Options With Your Semi-Monthly Costs:

Overview of all Plans

If you are electing to cover your spouse or dependents, be sure to check the Enroll box next to each person to be covered.

☒ Compass Accident Insurance

This plan pays a fixed payment following a covered accident. Benefits can be used however the member chooses - to offset copays/deductibles or to cover lost time from work.

Coverage Level	Your Total Cost	Tax Class
Employee Only	\$3.77	After-Tax
Employee + Spouse	\$6.25	After-Tax
Employee + Child(ren)	\$6.85	After-Tax
Family	\$9.33	After-Tax

☐ Waive

**Enroll Your Dependents**

**Dependent Beneficiary**

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	[Redacted]	Spouse
<input type="checkbox"/>	[Redacted]	Child

**Add/Review Dependents** **Update Elections** **Discard Changes**

Confirm Information

Click **OK** to save your election.

Click **Discard Changes** if you don't want to save them.

Benefits Enrollment

### Accident Insurance

**Important!** Your enrollment will not be complete until you **SUBMIT** your choices to Employee Benefits by clicking the SUBMIT button at the bottom of the Enrollment Summary page.

**Your Choice**

**Your Estimated per-pay-period Cost**

Your Total Cost: \$6.25

**Your Covered Dependents**

**Dependent Information**

Name	Relationship
Chris M. Griffin	Spouse

**Notes**

**OK** **Discard Changes**

Select the Update Elections button to store your choices.  
Select the Discard Changes button to go back and change your choices.

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### Supplemental Life

#### Benefits Enrollment

#### Supplemental Life

Supplemental Life insurance plays an important role in ensuring that your family is financially secure if you were to pass away. In addition, this benefit includes Accidental Death & Dismemberment (AD&D) insurance that provides your beneficiaries with additional financial security if you pass away or lose a limb or sight due to an accident.



**Important!** Your current coverage is: Waive. You will continue with this coverage if you do not make a choice.

Enrollment in this benefit may require proof of coverage.

Your enrollment on this page may affect your choices for the following type(s) of coverage:

Dependent Life  
Spousal Life

Complete your enrollment on this page before enrolling in the benefit plans listed above.

#### Notes

\* If you select a choice that has an asterisk, you will be required to provide Evidence of Insurability before coverage takes effect. You must complete the ReliaStar Evidence of Insurability form and submit to ReliaStar ING per instructions on the form. [Click on the blue link for your Option choice to view and print an EOI form.](#)

If/when the coverage has been approved by the underwriter, the County will then begin to take the additional deduction from your paycheck.

If you want to change your Supplemental Life Insurance, select the **Radio button** next to your **coverage level** choice.

**NOTE:** An asterisk\* requires an Evidence of Insurability (EOI) form be completed and sent directly to ReliaStar for approval by the underwriter. Click on the [blue link](#) with the insurance amount to complete and print the EOI form.

Click **Update Elections** to save your election.

Click **Discard Changes** if you don't want to save them.

#### Select an Option

Here Are Your Available Options With Your Semi-Monthly Costs:

Select one of the following plans:

If increasing your Coverage Level, you must complete an Evidence of Insurability (EOI) form and submit it to ReliaStar ING per the instructions on the form. Click on the blue link for your Option choice to view and print an EOI form.

Coverage Level	Your Total Cost	Tax Class
<input type="radio"/> * Supplemental Life ADQ (\$20,000)	2.25	After-Tax
<input type="radio"/> * Supplemental Life ADQ (\$30,000)	3.38	After-Tax
<input type="radio"/> * Supplemental Life ADQ (\$50,000)	5.63	After-Tax
<input type="radio"/> * Supplemental Life ADQ (\$100,000)	11.25	After-Tax
<input type="radio"/> * Supplemental Life ADQ (\$150,000)	16.88	After-Tax
<input type="radio"/> * Supplemental Life ADQ (\$200,000)	22.50	After-Tax
<input type="radio"/> * Supplemental Life ADQ (\$250,000)	28.13	After-Tax
<input type="radio"/> * Supplemental Life ADQ (\$300,000)	33.75	After-Tax
<input checked="" type="radio"/> Waive		

Update Elections

Discard Changes

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Review and update your life insurance beneficiaries if necessary.

You can designate primary and secondary (contingent) beneficiaries by *allocating each beneficiary share* – *primary and secondary percentages must each total 100*.

To add a new beneficiary that is not listed, click **Add/Review Beneficiaries**.

[Add/Review Dependent/Beneficiary Instructions](#)

Click **Update Elections** to save your election.

Click **Discard Changes** if you don't want to save them.

### Designate Your Beneficiaries

The following list displays all individuals who are eligible to be your beneficiaries. If an individual is missing from this list, use the Add/Review Beneficiaries button to determine why they are not eligible.

**Add/Review Beneficiaries**

You may designate the following individuals as Primary or Secondary beneficiaries by allocating a percent or a specific dollar amount. Secondary beneficiaries receive benefits only if all Primary beneficiaries are deceased.

If you select flat dollar amounts, then one beneficiary must be designated to receive any left over money from the policy.

If you select percents, all percents for Primary beneficiaries must total 100. All percents for Secondary beneficiaries (if any) must also total 100.

\*Enter Primary Allocations as

\*Enter Secondary Allocations as

Allocation Details				
Name	Relationship	Current Primary Percent	Current Secondary Percent	New Allocation
	Spouse			100
	Child			100
Total				100 100

**Update Elections** **Discard Changes**

Select the **Update Elections** button to store your choice until you are ready to Submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

Confirm Information

Click **OK** to save your election.

Click **Discard Changes** if you don't want to save them.

### Benefits Enrollment

#### Supplemental Life

**Important:** Your enrollment will not be complete until you **SUBMIT** your choices to Employee Benefits by clicking the **SUBMIT** button at the bottom of the Enrollment Summary page.

**Your Choice**

You have chosen Supplemental Life AD&D ( \$150,000) coverage.

**Your Estimated Per-Pay-Period Cost**

Your Total Cost **\$16.88**

**Your Primary Beneficiary Allocations**

Primary Allocation Details		
Name	Relationship	Percent of Benefit
	Spouse	100

**Your Secondary Beneficiary Allocations**

Secondary Allocation Details		
Name	Relationship	Percent of Benefit
	Child	50
	Child	50

**Notes**

Remember, you will be required to provide Evidence of Insurability before coverage takes effect. You must complete the VOYA/ReliaStar Evidence of Insurability form and submit it directly to ReliaStar per instructions on the form.

If/When the coverage has been approved by the underwriter, the County will then begin to take the additional deduction from your paycheck.

If increasing, approval by underwriter is required before coverage will take effect.

**OK** **Discard Changes**

Select the Update Elections button to store your choices.

Select the Discard Changes button to go back and change your choices.

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### Dependent Life

If you want to change Dependent Life Insurance, select the **Radio button** next to your **coverage level** choice.

**NOTE:** An asterisk\* requires an Evidence of Insurability (EOI) form be completed and sent directly to ReliaStar for approval by the underwriter. Click on the **blue link** with the insurance amount to complete and print the EOI form.

Enrollment in this benefit plan requires enrollment in Employee Supplemental Life for at least the same coverage level or greater.

To add a new dependent that is not listed, click **Add/Review Dependents**.

[Add/Review Dependent/Beneficiary Instructions](#).

Check each **Child** that should be covered.

**NOTE:** The employee is always the beneficiary for Dependent Life.

Click **Update Elections** to save your election.

Click **Discard Changes** if you don't want to save them.

#### Benefits Enrollment

#### Dependent Life

Child Supplemental Life allows you to purchase life insurance for your child(ren). The premium will cover any or all of your qualified dependent children. You are the beneficiary of this life insurance.

**Important!** Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.

If you would like to enroll in one of the following plans, you must first enroll in the corresponding Employee plan. Once you have made that election, return to this page and make your choice.

#### Notes

If you select a choice that has an asterisk, you will be required to provide Evidence of Insurability before coverage takes effect. You must complete the VOYA/ReliaStar Evidence of Insurability form and submit it directly to ReliaStar per instructions on the form.

If/When the coverage has been approved by the underwriter, the County will then begin to take the additional deduction from your paycheck.

Enrollment in this benefit plan requires enrollment in Supplemental Life. The amount of coverage that you elect for this benefit may not exceed 100 percent of the coverage you elect for the Supplemental Life plan.

#### Select an Option

- ☐ No, I do not want to enroll
- ☒ Yes Child Supplemental Life ( \$10,000)

#### Select an Option

- ☐ No, I do not want to enroll
- ☒ Yes Child Supplemental Life ( \$10,000)

#### Designate Your Dependents

The following list displays all individuals who are currently listed as your dependents. You will be able to add new dependent children to your list by providing certification. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible or to edit information.

[Add/Review Dependents](#)

#### Allocation Details

Name	Relationship	Covered
	Spouse	<input checked="" type="checkbox"/>
	Child	<input type="checkbox"/>

[Update Elections](#)

[Discard Changes](#)

Select the **Update Elections** button to store your choice until you are ready to Submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/03/18

### Confirm Information

Click **OK** to save your election.

Click **Discard Changes** if you don't want to save them.

Benefits Enrollment

### Dependent Life

**Important:** Your enrollment will not be complete until you **SUBMIT** your choices to Employee Benefits by clicking the **SUBMIT** button at the bottom of the **Enrollment Summary** page.

**Your Choice**

You have chosen Child Supplemental Life ( \$10,000) coverage.

**Your Estimated Per-Pay-Period Cost**

Your Total Cost	\$1.25
-----------------	--------

**Your Covered Dependents**

Primary Allocation Details		
Name	Relationship	Amount
	Child	\$10,000

**Notes**

Remember, you will be required to provide Evidence of Insurability before coverage takes effect. You must complete the VOYA/ReliaStar Evidence of Insurability form and submit it directly to ReliaStar per instructions on the form.

If/When the coverage has been approved by the underwriter, the County will then begin to take the additional deduction from your paycheck.

**OK** **Discard Changes**

Select the **Update Elections** button to store your choices.  
Select the **Discard Changes** button to go back and change your choices.

### Spousal Life

If you want to change Spousal Life Insurance, select the **Radio button** next to your **coverage level** choice.

**NOTE:** An asterisk\* requires an Evidence of Insurability (EOI) form be completed and sent directly to ReliaStar for approval by the underwriter. Click on the **blue link** with the insurance amount to complete and print the EOI form.

Enrollment in this benefit plan requires enrollment in Employee Supplemental Life for at least the same coverage level or greater.

Benefits Enrollment

### Spousal Life

Spousal Supplemental Life and Accidental Death & Dismemberment (AD&D) insurance provides you with financial security if your spouse were to pass away or lose a limb or sight due to an accident. You are the beneficiary of this life insurance.

**Important!** Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.

Enrollment in this benefit may require proof of coverage.

This benefit plan **requires** enrollment in one of the following plans:  
Supplemental Life

Changing your choices for any of the benefit plans listed above, may invalidate your enrollment on this page.

**Notes**

\* If you select a choice that has an asterisk; you will be required to provide Evidence of Insurability before coverage takes effect. You must complete the VOYA/ReliaStar Evidence of Insurability form and submit it directly to ReliaStar per instructions on the form.

If/When the coverage has been approved by the underwriter, the County will then begin to take the additional deduction from your paycheck.

+ Enrollment in this benefit plan requires enrollment in Supplemental Life. The amount of coverage that you elect for this benefit may not exceed 100 percent of the coverage you elect for the Supplemental Life plan.

**Select an Option**

Here Are Your Available Options With Your Semi-Monthly Costs:

Coverage Level	Your Total Cost	Tax Class
<input checked="" type="radio"/> * Spouse Supp Life ADD (\$20,000)	2.25 +	After-Tax
<input type="radio"/> * Spouse Supp Life ADD (\$30,000)	3.38 +	After-Tax
<input type="radio"/> Waive		



# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/03/18

To add a new dependent that is not listed, click **Add/Review Dependents**.

[Add/Review Dependent/Beneficiary Instructions](#)

Check **Spouse** that should be covered.

**NOTE:** The employee is always the beneficiary for Spousal Life.

Click **Update Elections** to save your election.

Click **Discard Changes** if you don't want to save them.

### Designate Your Dependents

The following list displays all individuals who are currently listed as your dependents. You will be able to add a new spouse or domestic partner to your list by providing certification. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible or to edit information.

[Add/Review Dependents](#)

### Allocation Details

Name	Relationship	Covered
	Spouse	<input type="checkbox"/>
	Child	<input checked="" type="checkbox"/>

[Update Elections](#)

[Discard Changes](#)

Select the **Update Elections** button to store your choice until you are ready to Submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

Confirm Information

Click **OK** to save your election.

Click **Discard Changes** if you don't want to save them.

### Benefits Enrollment

#### Spousal Life

**i** Important: Your enrollment will not be complete until you **SUBMIT** your choices to Employee Benefits by clicking the **SUBMIT** button at the bottom of the **Enrollment Summary** page.

#### Your Choice

You have chosen Spouse Supp Life AD&D ( \$20,000) coverage.

#### Your Estimated Per-Pay-Period Cost

Your Total Cost \$2.25

#### Your Covered Dependents

##### Primary Allocation Details

Name	Relationship	Amount
	Spouse	\$20,000

#### Notes

Remember, you will be required to provide Evidence of Insurability before coverage takes effect. You must complete the VOYA/ReliaStar Evidence of Insurability form and submit it directly to ReliaStar per instructions on the form.

If/When the coverage has been approved by the underwriter, the County will then begin to take the additional deduction from your paycheck.

[OK](#)

[Discard Changes](#)

Select the **Update Elections** button to store your choices.

Select the **Discard Changes** button to go back and change your choices.



# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/03/18

### Flexible Spending Accounts (FSA)

#### Admin Fee for FSA

When selecting an FSA plan, you must select the **Admin Fee for FSA**. There is a semi-monthly fee associated with this plan.

Benefits Enrollment  
Open Enrollment

Open Enrollment is your annual opportunity to modify your benefit choices.

To continue participating in the Flexible Spending Account (FSA) Health or Dependent Care Plans next year, you must re-enroll in these programs during the Open Enrollment period. Additionally, please review your voluntary contributions to your Health Savings Account (HSA) to confirm your contribution amount is correct.

You will be able to review the cost of each benefit on the Enrollment Summary.

All of your Benefit changes will be effective January 1st of next year.

**Important: Your enrollment will not be complete until you Submit your choices to Employee Benefits.**

Enrollment Summary			
	Before Tax EE Cost	After Tax EE Cost	Edit
<b>Medical</b>			
Current: Stanislaus Partners Health HDP:Family			
New: Health Partners HDHP:Family		45.55	
<b>Dental</b>			
Current: Delta Dental Core Plan:Family			
New: Delta Dental Core Plan:Family		12.17	
<b>Vision</b>			
Current: Vision Service Plan:Family			
New: Vision Service Plan:Family		2.16	
<b>Accident Insurance</b>			
Current: No Coverage			
New: No Coverage			
<b>Admin Fee for FSA</b>			
Current: No Coverage			
New: No Coverage			

#### FSA Dependent Care

To elect **FSA Dependent Care**, you must select **Agree Radio button**.

Click OK.

FSA DEPENDENT CARE

I understand that only qualified daycare expenses can be reimbursed from the Dependent Care FSA Plan

Answer

☒ Agree

☐ Disagree

OK Cancel

# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/03/18

**NOTE:** Admin Fee for FSA must be selected before completing this page.

Select an Option.

### Benefits Enrollment

#### Flex Spending Dependent Care

The Dependent Care Flexible Spending Account (DCFSA) allows you to use pre-tax dollars to pay for eligible dependent daycare so that you and your spouse can work.



**Important!** Your current coverage is: No Coverage. You must re-enroll during every annual open enrollment.

This benefit plan requires enrollment in one of the following plans:  
Admin Fee for FSA

Enroll in the benefit plans listed above before completing this page.

Select an Option



No, I do not want to enroll



Dependent Care Spending Acct

Click the **Dependent Care Spending Acct** Radio button and indicate **Annual Pledge** amount which will be divided into 24 semi-monthly deductions.

Click **Update Elections** to save your election.

Click **Discard Changes** if you don't want to save them.

Select an Option



No, I do not want to enroll



Dependent Care Spending Acct



This plan requires that you specify an annual pledge amount.

Annual Pledge

Worksheet

Select the Worksheet button to help calculate your annual pledge for this plan year.



Update Elections

Discard Changes

Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/03/18

Confirm Information

Click **OK** to save your election.

Click **Discard Changes** if you don't want to save them.

### Benefits Enrollment

#### Flex Spending Dependent Care



**Important:** Your enrollment will not be complete until you Submit your choices to Employee Benefits.

#### Your Choice

You have chosen to enroll in the Dependent Care Spending Acct plan with an annual pledge of \$1,000.00.

#### Your Contributions

Your approximate per-pay-period contribution will be \$40.00.

#### Notes

Once submitted, this choice will take effect on 01/01/2019.

Deductions for this choice will start with the pay period beginning 12/08/2018.

OK

Discard Changes

Select the Update Elections button to store your choices.

Select the Discard Changes button to go back and change your choices.

### FSA Health

**NOTE:** Admin Fee for FSA must be selected before completing this page.

Select an Option.

### Benefits Enrollment

#### Flex Spending Health - U.S.

The Health Care Flexible Spending Account (HCFSA) allows you to use pre-tax dollars to pay for qualified medical expenses such as medical, dental and vision expenses that are only partially covered or not covered at all by your insurance.

If you are enrolled in an Health Savings Account (HSA), you are not eligible to enroll in a HCFSA.



**Important!** Your current coverage is: No Coverage. You must re-enroll during every annual open enrollment.

This benefit plan requires enrollment in one of the following plans:  
Admin Fee for FSA

Enroll in the benefit plans listed above before completing this page.

#### Select an Option



No, I do not want to enroll



Health Care Spending Acct

# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/03/18

Click the **Health Care Spending Acct Radio button** and indicate **Annual Pledge** amount which will be divided into 24 semi-monthly deductions

Click **Update Elections** to save your election.

Click **Discard Changes** if you don't want to save them.

Select an Option

☐ No, I do not want to enroll

☒ Health Care Spending Acct

This plan requires that you specify an annual pledge amount.

Annual Pledge  [Worksheet](#) Select the [Worksheet](#) button to help calculate your annual pledge for this plan year.

Select the [Update Elections](#) button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the [Discard Changes](#) button to ignore all entries made on this page and return to the Enrollment Summary.

Confirm Information

Click **OK** to save your election.

Click **Discard Changes** if you don't want to save them.

Benefits Enrollment

Flex Spending Health - U.S.

**i** Important: Your enrollment will not be complete until you Submit your choices to Employee Benefits.

**Your Choice**

You have chosen to enroll in the Health Care Spending Acct plan with an annual pledge of \$1,000.00.

**Your Contributions**

Your approximate per-pay-period contribution will be \$40.00.

**Notes**

Once submitted, this choice will take effect on 01/01/2019.

Deductions for this choice will start with the pay period beginning 12/08/2018.

Select the [Update Elections](#) button to store your choices.

Select the [Discard Changes](#) button to go back and change your choices.

# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/03/18

### Critical Illness

#### Employee Critical Illness

Select an Option.

Click **Update Elections** to save your election.

Click **Discard Changes** if you don't want to save them.

#### Benefits Enrollment

#### Employee Critical Illness

Employee Critical Illness pays a lump sum benefit if you are diagnosed with a covered illness or condition such as cancer or a heart attack.

**i** Important! Your current coverage is: No Coverage.

Your enrollment on this page may affect your choices for the following type(s) of coverage:  
Spouse Critical Illness  
Child Critical Illness

Complete your enrollment on this page before enrolling in the benefit plans listed above.

#### Select an Option

Here Are Your Available Options With Your Semi-Monthly Costs:



	Coverage Level	Your Total Cost	Tax Class
<input checked="" type="radio"/>	Compass EE Critical Illness ( \$5,000)	10.35	After-Tax
<input type="radio"/>	Compass EE Critical Illness ( \$10,000)	20.70	After-Tax
<input type="radio"/>	Compass EE Critical Illness ( \$15,000)	31.05	After-Tax
<input type="radio"/>	Compass EE Critical Illness ( \$20,000)	41.40	After-Tax
<input type="radio"/>	Compass EE Critical Illness ( \$25,000)	51.75	After-Tax
<input type="radio"/>	Compass EE Critical Illness ( \$30,000)	62.10	After-Tax
<input type="radio"/>	Waive		



Update Elections

Discard Changes

Select the **Update Elections** button to store your choice until you are ready to Submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/03/18

Confirm Information

Click **OK** to save your election.

Click **Discard Changes** if you don't want to save them.

### Benefits Enrollment

#### Employee Critical Illness



**Important:** Your enrollment will not be complete until you Submit your choices to Employee Benefits.

#### Your Choice

You have chosen Compass EE Critical Illness ( \$25,000) coverage.

#### Your Estimated Per-Pay-Period Cost

Your Total Cost	\$51.75
-----------------	---------

#### Notes

OK

Discard Changes

Select the **Update Elections** button to store your choices.

Select the **Discard Changes** button to go back and change your choices.

# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/03/18

### Spouse Critical Illness

**NOTE:** Enrollment in this benefit plan requires enrollment in Employee Critical Illness for at least the same coverage level or greater.

Employee Critical Illness must be selected **before** completing this page.

Designate Your Dependents will display if you select a coverage level.

Click **Update Elections** to save your election.

Click **Discard Changes** if you don't want to save them.

To add a new dependent that is not listed, click **Add/Review Dependents**.

[Add/Review Dependent/Beneficiary Instructions](#)

Select spouse to be covered.

Click **Update Elections** to save your election.

Click **Discard Changes** if you don't want to save them.

#### Benefits Enrollment

##### Spouse Critical Illness

Spouse Critical Illness pays a lump sum benefit if your spouse is diagnosed with a covered illness or condition such as cancer or a heart attack.

**i** Important! Your current coverage is: No Coverage.

This benefit plan requires enrollment in one of the following plans:  
Employee Critical Illness

Enroll in the benefit plans listed above before completing this page.

#### Notes

+ Enrollment in this benefit plan requires enrollment in Employee Critical Illness. The amount of coverage that you elect for this benefit may not exceed 100 percent of the coverage you elect for the Employee Critical Illness plan.

#### Select an Option

Here Are Your Available Options With Your Semi-Monthly Costs:

Coverage Level	Your Total Cost	Tax Class
<input checked="" type="radio"/> Compass SP Critical Illness (\$5,000)	15.20 +	After-Tax
<input type="radio"/> Compass SP Critical Illness (\$10,000)	30.40 +	After-Tax
<input type="radio"/> Compass SP Critical Illness (\$15,000)	45.60 +	After-Tax
<input type="radio"/> Waive		

Update Elections

Discard Changes

Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

#### Designate Your Dependents

Add/Review Dependents

#### Allocation Details

Name	Relationship	Covered
[Redacted]	Spouse	<input checked="" type="checkbox"/>
[Redacted]	Child	<input type="checkbox"/>

Update Elections

Discard Changes

Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/03/18

Confirm Information

Click **OK** to save your election.

Click **Discard Changes** if you don't want to save them.

### Benefits Enrollment

#### Spouse Critical Illness

**i** Important: Your enrollment will not be complete until you Submit your choices to Employee Benefits.

#### Your Choice

You have chosen Compass SP Critical Illness ( \$5,000) coverage.

#### Your Estimated Per-Pay-Period Cost

Your Total Cost      \$15.20

#### Your Covered Dependents

##### Primary Allocation Details

Name	Relationship	Amount
	Spouse	\$5,000

#### Notes

OK

Discard Changes

Select the **Update Elections** button to store your choices.

Select the **Discard Changes** button to go back and change your choices.



# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/03/18

### Child Critical Illness

**NOTE:** Enrollment in this benefit plan requires enrollment in Employee Critical Illness for at least the same coverage level or greater.

Employee Critical Illness must be selected **before** completing this page.

Designate Your Dependents will display if you select a coverage level.

Click **Update Elections** to save your election.

Click **Discard Changes** if you don't want to save them.

To add a new dependent that is not listed, click **Add/Review Dependents**.

[Add/Review Dependent/Beneficiary Instructions](#)

Select **Child(ren)** to be covered.

Click **Update Elections** to save your election.

Click **Discard Changes** if you don't want to save them.

#### Benefits Enrollment

##### Child Critical Illness

Child Critical Illness pays a lump sum benefit if your child is diagnosed with a covered illness or condition.

**i** Important! Your current coverage is: No Coverage.

This benefit plan requires enrollment in one of the following plans:  
Employee Critical Illness

Enroll in the benefit plans listed above before completing this page.

#### Notes

Enrollment in this benefit plan requires enrollment in Employee Critical Illness. The amount of coverage that you elect for this benefit may not exceed 100 percent of the coverage you elect for the Employee Critical Illness plan.

#### Select an Option

☐ No, I do not want to enroll

☐ Yes Child Critical Illness - \$4.76 ( \$10,000)



Update Elections

Discard Changes

Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.



Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

#### Designate Your Dependents

Add/Review Dependents



#### Allocation Details

Name	Relationship	Covered
	Spouse	 <input type="checkbox"/>
	Child	 <input type="checkbox"/>



Update Elections

Discard Changes

Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/03/18

Confirm Information

Click **OK** to save your election.

Click **Discard Changes** if you don't want to save them over.

### Benefits Enrollment

#### Child Critical Illness

**i** Important: Your enrollment will not be complete until you Submit your choices to Employee Benefits.

#### Your Choice

You have chosen Child Critical Illness - \$4.76 ( \$10,000) coverage.

#### Your Estimated Per-Pay-Period Cost

Your Total Cost \$4.76

#### Your Covered Dependents

##### Primary Allocation Details

Name	Relationship	Amount
	Child	\$10,000

#### Notes

OK

Discard Changes

Select the **Update Elections** button to store your choices.

Select the **Discard Changes** button to go back and change your choices.

## Finalizing Benefit Selections

After completing all elections and changes, review your **Election Summary** which reflects your total semi-monthly costs.

**NOTE: You can print the Enrollment Summary page prior to submitting your elections for an immediate confirmation.**

Click **Submit**.

Total costs for your new benefit choices are displayed below.

**\*For an immediate confirmation of your new elections, print this page.**

#### Election Summary

Summarized estimates for new Benefit Elections	Total	Before Tax EE Cost	After Tax EE Cost
Costs	295.27	285.94	9.33
Your Total Cost	295.27	285.94	9.33

The chart above summarizes the costs for benefits that will be deducted from your paycheck semi-monthly.

The **Total Cost** may include the waive credit that is paid as earnings if you have elected to waive your medical plan.

Submit

Click the **SUBMIT** button above to send your final choices to Employee Benefits for processing.

**i** Important: Your enrollment will not be complete until you **SUBMIT** your choices to Employee Benefits by clicking the **SUBMIT** button above.

# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/03/18

**NOTE:** Errors must be addressed and corrected before you can submit your final benefit choices.

Any **errors** and **warnings** will display after clicking the submit button.

Click **Return** and correct all identified errors.

The screenshot shows the 'Benefits Enrollment Errors and Warnings' screen. It lists two warnings for 'Supplemental Life' and 'Spousal Life', both requiring proof of insurability. It also lists one error for 'Flex Spending Dependent Care', stating that coverage requires enrollment in another benefit plan. A 'Return' button is visible at the bottom.

**NOTE:** Warnings are reminders and you can continue to submit your final benefit choices if there are warnings.

Any **errors** and **warnings** will display after clicking the submit button.

Click **Return** and correct all identified errors.

Acknowledge the warnings and click **Update Elections** to proceed to the final submit.

The screenshot shows the 'Benefits Enrollment Errors and Warnings' screen. It lists two warnings for 'Supplemental Life' and 'Spousal Life', both requiring proof of insurability. It also lists one error for 'Flex Spending Dependent Care', stating that coverage requires enrollment in another benefit plan. A 'Return' button and an 'Update Elections' button are visible at the bottom.

# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/03/18

**IMPORTANT: You MUST click the submit button on this page to send your final choices to Employee Benefits for finalization and processing.**

**If you do not click the submit button on this page, any changes you have made will not be submitted for processing.**

**To authorize and finalize your benefit elections, click submit.**

Click *Submit*.

### Benefits Enrollment

#### Submit Benefit Choices

You have almost completed your enrollment. If you have no further changes, select the **SUBMIT** button at the bottom of this page to finalize your benefit choices.

Select the **CANCEL** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

If you have finalized your benefit elections for the new plan year and are ready to SUBMIT your benefit choices for processing, click the SUBMIT button below. If you do not SUBMIT your benefit choices by clicking on the SUBMIT button on this page before the Open Enrollment deadline, your changes will not be processed by Employee Benefits.

You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until the Open Enrollment deadline. Once you select the SUBMIT button below your benefit choices will be sent to Employee Benefits for finalization and processing.

Once your enrollment is processed by Employee Benefits, you will not be able to make any further benefit changes until the next Open Enrollment period or until you have a qualifying family status change.

#### Authorize Elections

I hereby apply for group benefits provided under my employer's group benefit plan(s) for myself and for the eligible dependents/beneficiaries listed. I understand that I have made an election for my benefits package for the Plan Year indicated. Any choices I have made may only be altered during Open Enrollment or as the result of a change in family status.

I have read and understand the provisions outlined throughout this Benefit Enrollment Session and by submitting these benefit elections acknowledge my understanding and acceptance of these terms. All information that was submitted is correct and true to the best of my knowledge. I understand that it is the basis on which coverage may be issued under the plan. Any misstatements or omissions may result in future claims being denied and/or the policy being rescinded.

I declare for myself and/or my dependent(s) that I am eligible to enroll in these plans and request to be covered. If the group plan requires that contributions be made by me, I authorize Stanislaus County to deduct them from my pay. Should changes take place affecting these statements, I will immediately inform my employer of the change.

I understand that employee personal information is protected under Federal HIPAA Law.

I understand that under the Consolidated Omnibus Budget Reconciliation Act of 1986 (COBRA), I can continue medical, dental and vision insurance benefits for myself and my covered eligible dependents, upon termination of my employment with Stanislaus County. In order to qualify, I know that I, and/or my dependents, cannot be covered by another group health plan through another source. Premium payment obligation begins when County sponsored group coverage ends. I also understand that by submitting below I am only acknowledging notification of my continuation rights under COBRA.

Submit

Cancel

Click the **SUBMIT** button above to send your final choices to Employee Benefits for finalization and processing.

Select the **CANCEL** button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

# Completing Open Enrollment

## PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/03/18

Submit Confirmation

Click **OK**.

### Benefits Enrollment

#### Submit Confirmation

Your benefit choices have been successfully submitted to the Employee Benefits Unit.  
You will receive a Confirmation Statement before the end of the year.  
To return to the Benefits Enrollment page, click OK.

OK

**Your Benefits Enrollment is complete  
when the event status is Submitted.**

### Benefits Enrollment

After your initial enrollment, the only time you may change your benefit choices is during Open Enrollment or a qualifying family status change.

The Select button next to an event means it is currently open for enrollment.

To begin your enrollment, click **Select**.

Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

#### Open Benefit Events

Event Description		Event Date	Event Status	Job Title	
Open Enrollment	i	01/01/2019	Submitted	Application Specialist III	Select

After you use the Select button, it will take a few seconds for your benefits enrollment information to load.