

Completing Open Enrollment

PeopleSoft HRMS 9.2 – Open Enrollment

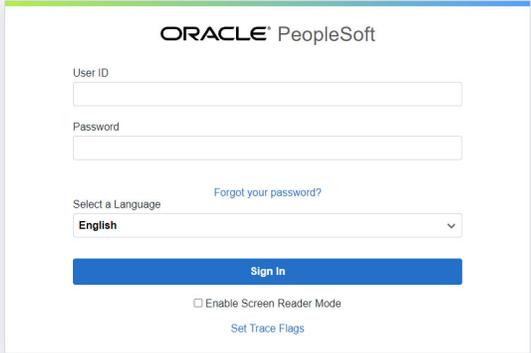
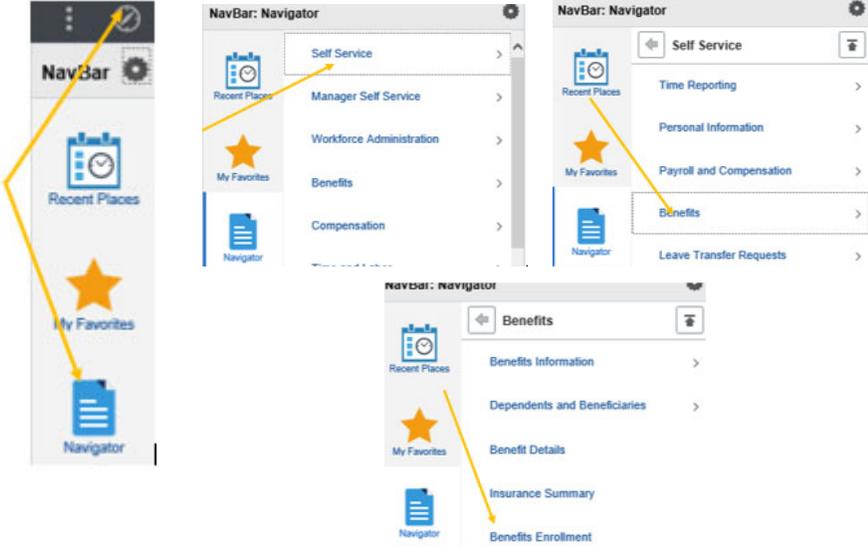
Date Created: 11/7/13

Date Updated: 10/12/2022

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.

<p>1. Through the County Connect site, click the PeopleSoft link at the <i>middle lower right</i> of the webpage.</p>	<p style="text-align: center;">Popular Quick Links</p> 
<p>2. Login to PeopleSoft below the Oracle logo.</p> <p>If you have forgotten your password, use the Forgot Your Password link or contact the ITC Helpdesk during normal business hours while in the office.</p>	
<p>Navigation: Navigator > Self Service > Benefits > Benefits Enrollment</p>	

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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	Select 

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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Enrollment Summary

Click **Edit** next to each plan to review and change your benefit elections.

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

Total costs for your new benefit choices are displayed below.

After reviewing each benefit election, click **Submit** to submit all elections.

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	324.25	313.75	10.50
Your Total Cost	324.24	313.74	10.50

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.

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

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Benefits Enrollment

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 two different medical plans that provide comprehensive medical and prescription drug coverage. Your access to in-network medical health care providers and facilities will depend on where you live.

i Important! Your current coverage is: Health Partners HDHP with Employee + Dependent coverage. 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.

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

Select an Option

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

[Overview of all Plans](#)  Click Hyperlink to review all plans

Select one of the following plans:

You may waive the County's coverage and not enroll in County medical benefits if you provide proof of other coverage. If you choose to Waive coverage in this plan, you must complete the **Proof of Other Coverage Form** and submit it to **Employee Benefits** to receive a \$75.00 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	\$18.50	Before-Tax
Employee + Dependent	\$37.00	Before-Tax
Family	\$50.50	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	\$89.00	Before-Tax
Employee + Dependent	\$179.50	Before-Tax
Family	\$242.50	Before-Tax

Waive

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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 a dependent.

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

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.

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.

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.

Click **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.

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Add/Review Dependent/Beneficiary

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

To view an existing dependent, click on the **Name hyperlink**.

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

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
Montoye	Spouse		Married	02/23/2015	No	No	Yes	Yes
Montoye	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.

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
 SSN (Social Security Number)
 *Relationship to Employee

Status Information

*Marital Status As of
 Student As of
 Disabled As of
 Smoker 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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Benefits Enrollment (cont.)

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

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

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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

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.

i 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.

Employee Life

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 hyperlink** 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		

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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 Percent

*Enter Secondary Allocations as Percent

Allocation Details					
Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
[Redacted]	Spouse			100	
[Redacted]	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
[Redacted]	Spouse	100

Your Secondary Beneficiary Allocations

Secondary Allocation Details		
Name	Relationship	Percent of Benefit
[Redacted]	Child	50
[Redacted]	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:

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

Employee Supplemental Life must be selected **before** completing this page.

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.

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

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

This coverage is provided at no cost to you.
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) ←

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.

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. DO NOT check **Spouse**.

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.

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.

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Confirm Information

Click **OK** to save your election.

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

Benefits Enrollment

Dependent 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 and then **CLICK A SECOND SUBMIT** button at the bottom of the Submit Benefit Choices page.

Your Choice

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

Your Estimated Per-Pay-Period Cost

Your Total Cost	\$1.25
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Notes

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 hyperlink** 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.

Employee Supplemental Life must be selected **before** completing this page.

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.

i 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 AD&D (\$20,000)	2.25 +	After-Tax
<input type="radio"/> * Spouse Supp Life ADD (\$30,000)	3.38 +	After-Tax
<input type="radio"/> Waive		

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

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

Check **Spouse** to be covered. DO NOT check **Child(ren)**.

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
[Redacted]	Spouse	→ <input 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.

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
[Redacted]	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: 10/12/2022

Critical Illness

Employee Critical Illness

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

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		

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

Employee Critical Illness

i 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

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: 10/12/2022

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.

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

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

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

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

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.

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.

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

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

Select **Spouse** to be covered. DO NOT select **Child(ren)**.

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

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

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: 10/12/2022

Confirm Information

Click **OK** to save your election.

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

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.

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

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

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

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

Completing Open Enrollment

PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/12/2022

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

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

Select **Child(ren)** to be covered. DO NOT select **Spouse**.

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

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

Designate Your Dependents

Add/Review Dependents

Allocation Details		
Name	Relationship	Covered
[Redacted]	Spouse	<input 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.

Confirm Information

Click **OK** to save your election.

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

Benefits Enrollment

Child Critical Illness

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
[Redacted]	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.

Completing Open Enrollment

PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/12/2022

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
Medical			
Current: Stanislaus Partners Health HDP Family			
New: Health Partners HDHP Family	45.55		Edit
Dental			
Current: Delta Dental Core Plan Family			
New: Delta Dental Core Plan Family	12.17		Edit
Vision			
Current: Vision Service Plan Family			
New: Vision Service Plan Family	2.16		Edit
Accident Insurance			
Current: No Coverage			
New: No Coverage			
Admin Fee for FSA			
Current: No Coverage			
New: No Coverage			Edit

Select *Employee Only* Radio button..

Click *Update Elections* to save your election.

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

Benefits Enrollment
Admin Fee for FSA

Important! Your current coverage is: No Coverage.

Your enrollment on this page may affect your choices for the following type(s) of coverage:
Flex Spending Health - U.S.
Flex Spending Dependent Care

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:

Overview of all Plans

Admin Fee Flexible Spending

This fee is paid by any employee that is enrolled in the County's Flexible Spending Account (FSA).
If you are electing to participate in an FSA, you must elect Employee Only coverage below.

Coverage Level	Your Total Cost	Tax Class
<input checked="" type="radio"/> Employee Only	\$2.13	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

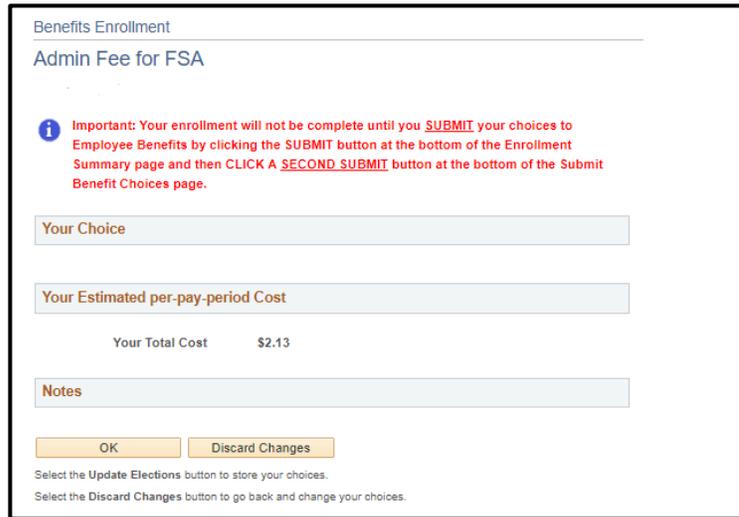
Date Created: 11/7/13

Date Updated: 10/12/2022

Confirm Information

Click **OK** to save your election.

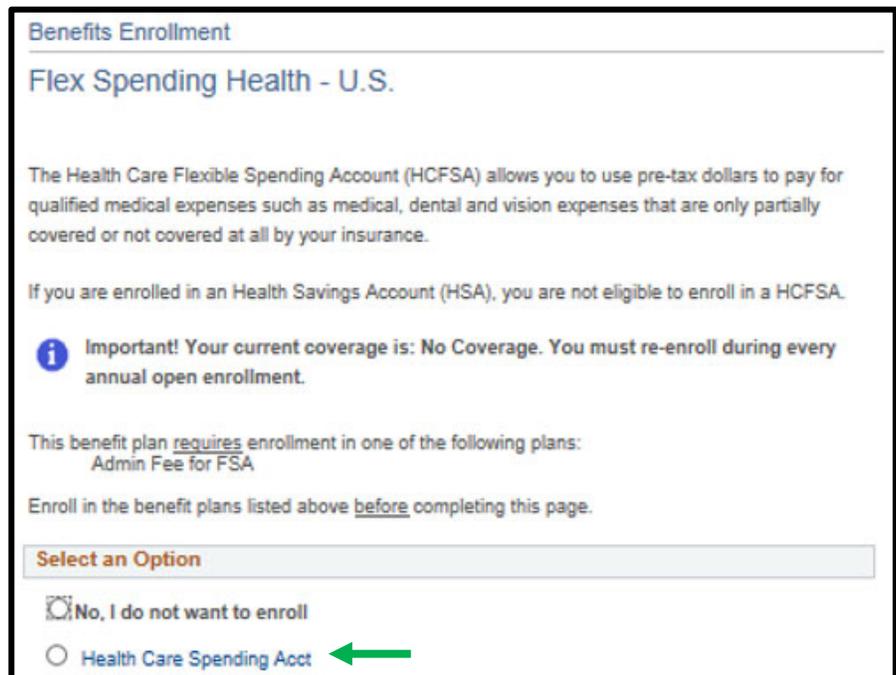
Click **Discard Changes** if you don't want to save them.



FSA Health

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

Select an **Option**.



Completing Open Enrollment

PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/12/2022

Click the *Health Care Spending Acct* Radio button.

Indicate *Annual Pledge* amount which will be divided into 24 semi-monthly deductions.

Click on the *Worksheet hyperlink* to help calculate the per pay period deductions.

Click *Update Elections* to save your election.

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

The screenshot shows a form titled "Select an Option" with two radio buttons: "No, I do not want to enroll" and "Health Care Spending Acct". A green arrow points to the "Health Care Spending Acct" option. Below the options, a text box says "This plan requires that you specify an annual pledge amount." followed by "Annual Pledge" with a text input field containing "1000" and a "Worksheet" link. A blue arrow points from the text above to the input field. A red arrow points to the "Update Elections" button. Below the buttons, there are instructions: "Select the Update Elections button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary." and "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.

The screenshot shows a confirmation screen titled "Benefits Enrollment" for "Flex Spending Health - U.S.". It features an information icon and a red message: "Important: Your enrollment will not be complete until you Submit your choices to Employee Benefits." Below this are three sections: "Your Choice" (confirming enrollment in the Health Care Spending Acct plan with a \$1,000.00 annual pledge), "Your Contributions" (stating a per-pay-period contribution of \$40.00), and "Notes" (indicating the choice takes effect on 01/01/2019 and deductions start on 12/08/2018). At the bottom are "OK" and "Discard Changes" buttons. Instructions below the buttons state: "Select the Update Elections button to store your choices." and "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: 10/12/2022

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

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.

i 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**.

Indicate **Annual Pledge** amount which will be divided into 24 semi-monthly deductions.

Click on the **Worksheet hyperlink** to help calculate the per pay period 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: 10/12/2022

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.

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

Health Savings Accounts (HSA)

Remember, if you selected a High Deductible medical plan, you must select a **Health Savings Account Option**.

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.

Important! Your current coverage is: HPNC HSA with an annual pledge of \$6,000.00. 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

No, I do not want to enroll

HPNC HSA 

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	\$8750.00
Employer Annual Contribution Amount	\$2300.00
Maximum Employee Annual Contribution	\$6450.00
Total Elected Contribution Amount	<input type="text" value="\$5000.00"/> 
Semi-Monthly Deduction Amount	\$208.33

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: 10/12/2022

Confirm Information

Click **OK** to save your election.

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

Benefits Enrollment

Health Savings Account

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 and then **CLICK A SECOND SUBMIT** button at the bottom of the Submit Benefit Choices page.

Your Choice

You have chosen to enroll in the HPNC HSA plan with an annual pledge of \$5,000.00.

Your Contributions

Your approximate per-pay-period contribution will be \$208.33.

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: 10/12/2022

Any **Errors** and **Warnings** will display after clicking the submit button.

Warnings are reminders that additional action is required on your part to complete your eligibility for the benefit noted.

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

If you have any **Errors**, click **Return** to return to the Enrollment Summary to correct all identified errors. Then **SUBMIT** your final benefit choices.

Benefits Enrollment

Errors and Warnings

Your enrollment contains some Errors/Warnings. The following list displays your Errors/Warnings for each benefit choice. Errors must be corrected by returning to the Enrollment Summary before you can submit your final benefit choices. Warnings are reminders and you can continue to submit your final benefit choices.

Benefit Errors and Warnings

	Supplemental Life	Warning
Your enrollment in this benefit plan requires proof of insurability. You will need to submit the appropriate documents to the Benefits Department. Your new coverage will not take effect until proof of insurability is received.		
	Spousal Life	Warning
Your enrollment in this benefit plan requires proof of insurability. You will need to submit the appropriate documents to the Benefits Department. Your new coverage will not take effect until proof of insurability is received.		
	Flex Spending Dependent Care	Error
Coverage in this benefit requires enrollment in another benefit plan. Go to the appropriate benefit page and make the necessary corrections.		

Return Select the Return button to go back to the Enrollment Summary and correct your benefit choices.

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

Review the warnings and be sure to take any follow up action noted.

Click **Return** to return to the Enrollment Summary to make any election changes.

Click **Update Elections** to proceed to the final submit.

Benefits Enrollment

Errors and Warnings

Your enrollment contains some Errors/Warnings. The following list displays your Errors/Warnings for each benefit choice. Errors must be corrected by returning to the Enrollment Summary before you can submit your final benefit choices. Warnings are reminders and you can continue to submit your final benefit choices.

Benefit Errors and Warnings

	Supplemental Life	Warning
Your enrollment in this benefit plan requires proof of insurability. You will need to submit the appropriate documents to the Benefits Department. Your new coverage will not take effect until proof of insurability is received.		
	Spousal Life	Warning
Your enrollment in this benefit plan requires proof of insurability. You will need to submit the appropriate documents to the Benefits Department. Your new coverage will not take effect until proof of insurability is received.		

Return Select the Return button to go back to the Enrollment Summary and correct your benefit choices.

Update Elections

Completing Open Enrollment

PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/12/2022

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**.

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: 10/12/2022

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**.

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	01/01/2019	Submitted	Application Specialist III	<input type="button" value="Select"/>	

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

Making Additional Changes

If your Event Status is **Submitted**, you can still make changes until the Open Enrollment Deadline.

If after your Event Status is **Submitted** you need to make additional changes, 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	Submitted	Application Specialist III	<input type="button" value="Select"/>	

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

Completing Open Enrollment

PeopleSoft HRMS 9.2 – Open Enrollment

Date Created: 11/7/13

Date Updated: 10/12/2022

Click **OK** to return to the Benefit Summary page.



Benefits Enrollment

Open Enrollment

You have already submitted your choices to the Benefits Department. However, you can still make changes until the Open Enrollment deadline.

If you make changes, you must complete your changes and **Submit** your changes again to finalize your benefit choices.

OK

After updating all elections, be sure to follow the [Finalizing Benefit Selections](#) instructions until you get to the Submit Benefit Choices page and click the final Submit button.

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.

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 and then CLICK A SECOND SUBMIT button at the bottom of the Submit Benefit Choices page.

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.