ONLINE BENEFITS ENROLLMENT INSTRUCTION GUIDE

OPEN ENROLLMENT 2015

Step 1:

- ⊙ Navigate to the City of Round Rock website
  http://www.roundrocktexas.gov/
  Click on "2015 Open Enrollment"

- ⊙ Next there will be a prompt to login in to the Benefits Enrollment Self Service portal.

Username: Enter your employee number (4 digits)

Password: Enter the password you have created

⊙ Click **Log In** to continue.

⊙ Upon successful login you will reach the Employee Self Service home page and you should see the following screen:

Step 2:

⊙ Review your personal information to ensure it correct. If not, click on the button [Personal Information] to edit your information. You will then see the following screen:

⊙ Here you will be able to change your address, add a secondary e-mail address, update or add a telephone number.

⊙ If you made changes or added information to your profile please remember to hit [Update] or [Add] button to ensure the changes took effect. You will then return to your profile information and can continue to make changes if necessary. Once all your information has been updated, you will need to click on [Benefits] to begin the Open Enrollment process.

Step 3:

⊙ You will reach the Benefits page.

⊙ Start with the first Benefit and if you want to **keep** the same level of coverage, click No changes. You can click this option for each benefit that you wish to remain the same. Once complete, you click [Continue] then proceed to Step 4.

Open Enrollment

Make Elections

Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 10/31/2014.*

	2014	2015	
Benefit	**Current Election**	**New Election**	
HEALTH COVERAGE	EMPLOYEE ONLY $50.00 | details	Election Not Made	Decline benefit | No changes | Make New Elec
DENTAL COVERAGE	EMPLOYEE + FAMILY (EE+SPOUSE+CHILD (REN)) $20.76 | details	Election Not Made	Decline benefit | No changes | Make New Elec
VISION COVERAGE	Declined	Election Not Made	Decline benefit | Make New Election
MEDICAL CARE FSA	MEDICAL CARE FLEXIBLE SPENDING ACCOUNT $80.00 | details	Election Not Made	Decline benefit | No changes | Make New Election
DEPENDENT CARE FSA	Declined	Election Not Made	Decline benefit | Make New Election
VOLUNTARY LIFE INSURANCE	VOLUNTARY EMPLOYEE LIFE INSURANCE $5.08 | details	Election Not Made	Decline benefit | No changes | Make New Election
VOLUNTARY SPOUSE LIFE	VOLUNTARY SPOUSE LIFE $2.54 | details	Election Not Made	Enrollment in this section requires enrollment in VOLUNTARY LIFE INSURANCE
VOLUNTARY CHILD LIFE	VOLUNTARY CHILD LIFE $0.92 | details	Election Not Made	Enrollment in this section requires enrollment in VOLUNTARY LIFE INSURANCE
	VOLUNTARY SHORT TERM DISABILITY		

Navigation menu: Home | Employee Self Service | Benefits | Open Enrollment | Certifications | Pay/Tax Information | Personal Information | Time Off | Time Entry

⊙ If you want to change any benefit coverage, click **Make New Election**

⊙ Review the options for that benefit and make your selection

by clicking in the circle to the left of the level you want.

Benefits
DENTAL COVERAGE

Amounts displayed are Bi-Weekly

○ EMPLOYEE ONLY
Employee Cost $5.00 / Employer Cost $6.00

● EMPLOYEE + CHILD(REN)
Employee Cost $11.13 / Employer Cost $6.00

○ EMPLOYEE + SPOUSE
Employee Cost $12.12 / Employer Cost $6.00

○ FAMILY
Employee Cost $20.76 / Employer Cost $6.00

○ I Decline

Add new dependent
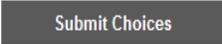
There are no dependents to display.   election for that benefit.

Add a new dependent

First name	Ursula
Middle initial	H
Last name	Enroll
Date of birth	8/1/2006
Gender	FEMALE
Relationship	CHILD
SSN # (include dashes)	841-68-5594

[OK] [Cancel]

If your selection includes coverage of a dependent you will be prompted to enter dependent(s) information.

- ⊙ To change another benefit, return to the benefits enrollment page:

- ⊙ Repeat this process for all the remaining benefit options.

- ⊙ Your estimated total cost per pay period for all benefits selected will display at the bottom of the page:

Step 4:

- ⊙ Upon completion of Benefits Enrollment, click [Submit Choices] to submit your selections to HR.

- ⊙ To Print your enrollment selections click on Printer friendly page and then click "Ctrl + P" to print from the internet browser. **Please retain this copy for your records.**

Note: You can return to Benefits Enrollment any time prior to November 1 to make changes to your selections even if you click "Submit Choices".

- ⊙ Upon clicking [Submit Choices] the following confirmation notice will appear with a list of the benefits you chose.

Review your enrollment

Review

TOTAL EMPLOYEE COST	$50.00.

[Submit Choices] [Modify] [Cancel]

Confirmation

Confirmation

✔ Your enrollment was submitted successfully. You can make changes until your choices have been approved, at which time you will receive a confirmation email. You may want to print this page for your records.

- ⊙ Finally, to log out, click on your name in the top right corner and select "Log out".

Note: The Dependent Verification is only for dependents not currently covered.

Dependent Verification

The City requires employees who add dependents to the health, dental and vision plans to confirm, within thirty days their eligibility.

To confirm dependent eligibility for health, dental and vision coverage the following forms must be submitted to the Human Resources office:

Employee & Family Coverage: Marriage certificate

Employee & Child(ren) Coverage: Birth certificate for each child or a court order for an adoption or legal guardianship.

Confirming eligibility for someone who is not eligible for coverage is considered falsification of City records and you may be subject to termination of employment.