

ONLINE BENEFITS ENROLLMENT INSTRUCTION GUIDE

OPEN ENROLLMENT 2015



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

Welcome to Employee Self Service	Home
Announcements	Employee Self Service
 Welcome to Open Enrollment for 2014! Open Enrollment is your annual opportunity to evaluate and make necessary changes to your health and dental coverage and flexible spending accounts, as well as enroll in other benefits programs. All benefit changes must be made online by midnight Thursday, October 31, 2013. All coverages will be effective January 1, 2014. The benefits and options you choose will remain in effect unless you experience a qualifying life event prior to the next open enrollment period. All eligible employees must complete the online enrollment process <u>whether you are making any changes or not</u>. If you fail to respond on time, you and your dependents may go without coverage until the next open enrollment period (or until you are able to add coverage because you experience a qualifying event). 	Benefits Personal Information
Personal information View profile LANE, CHRISTOPHER 4409 CISCO VALLEY DRIVE A409 CISCO VALLEY DRIVE Email Phone Email HOME PHONE: 512-518-3807 Email Email: clane@roundrocktexas.gov	

Step 2:

• Review your personal information to ensure it correct. If not, click on the button 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.

		You will be able to add an alternate e-mail address but not make changes to your city e-mail address.]			Â
Personal In	nformation				Home	
Address / E-mail d	hange				Employee Self Service	
Home Address	-/	209 NOLAN STREET, ROUND ROCK, TX 78664			Benefits	
E-mail	K	clane@roundrocktexas.gov			Personal Information	
Alternate E-mail					Employee Profile	
Telephone				Add Telephone Number		
Туре	Description	Number	Unlist	ed		=
PRIMARY	HOME PHONE	512-555-0001	No	Change		
Dependents				Add Dependent	1	
No Dependent inform	nation to display.			· · · · · · · · · · · · · · · · · · ·		
Emorron ou Contos	to			Add Emorgonov Contact		
Name	Relationship	Telephone	Comments	Add Emergency Contact		
HALLE BERRY	SPOUSE	512-555-0001		Change Delete		
		m				•

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.

• You will reach the Benefits page.

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

Open Enrollment					Home
Make Elections	Employee Self Service				
Make a selection for each benefit,	then click "Continue".	You must subn	nit this enrollment by 10/31/2014.		D
	2014	2015			Benefits
Demofit	Querrant Election	New Election			Open Enrollment
Benefit	Current Election	New Election			
HEALTH COVERAGE	EMPLOYEE ONLY \$50.00 details	Election Not Made	Decline benefit No changes Make New El	lec	Certifications
	EMPLOYEE + FAMILY (EE+SPOUSE+CHILD (REN)) \$20.76 details	Election Not Made			Pay/Tax Information
DENTAL COVERAGE			Decline benefit No changes Make New E	lec	Personal Information
	Election Not		Decline henefit I Make New Election		Time Off
TOOT OVERAGE	Declined	Made			Time Entry
MEDICAL CARE FSA	MEDICAL CARE FLEXIBLE SPENDING ACCOUNT \$80.00 details	Election Not Made	Decline benefit No changes Make New El	Elec	tion
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 El	Elec	tion
VOLUNTARY SPOUSE LIFE	VOLUNTARY SPOUSE LIFE \$2.54 details	Election Not Made	Enrollment in this section requires enrollmer	ent i	n Voluntary Life Insuranc
VOLUNTARY CHILD LIFE	VOLUNTARY CHILD LIFE \$0.92 details	Election Not Made	Enrollment in this section requires enrollmer	ent i	n Voluntary Life Insuranc
	VOLUNTARY SHORT				

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

• Review the options for that benefit and make your selection

Benefits		by	clicking in the circ	le to the left of the level you want.
DE	NTAL COVERAGE		Ado	d a new dependent
Am	ounts displayed are Bi-Weekly		First name	Ursula
C	EMPLOYEE ONLY Employee Cost \$5.00 / Employer Cost \$6.00		Middle initial Last name	H Enroll
C	EMPEOYEE + CHILD(REN) Employee Cost \$11.13 / Employer Cost \$6.00		Date of birth Gender	8/1/2006
C	EMPLOYEE + SPOUSE Employee Cost \$12.12 / Employer Cost \$6.00	ĸ	Relationship	
0	FAMILY Employee Cost \$20.76 / Employer Cost \$6.00		SSN # (include dashes)	841-68-5594 OK Cancel
0	I Decline			
Add new dependent		•	If your selection i	ncludes coverage of a dependent you will
There are no dependents to display.		ection for that benefit.	be prompted to e	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.

for

• 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 the following confirmation notice will appear with a list of the benefits Submit Choices you chose.

Review your enrollment

Review	
TOTAL EMPLOYEE COST	\$50.00.
Submit Choices Modify	Cancel
Confirmation	• Finally, to log out, click on your name in the top
Confirmation	right corner and select "Log out".
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.	
	+
Dependent Verification	Note: The Dependent Verification is only for
The City requires employees who add dependents to the health, dental and vision plans to confirm, within thirty days their eligibility.	dependents not currently covered.
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.	