

Overview

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

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

Table of Contents

Login to MySJSU	2
Navigate to Life Events	3
How do I make changes to my current Medical plan?	9
How do I make changes to my current Medical FlexCash plan?	11
How do I make changes to my current Dental plan?	13
How do I make changes to my current Dental FlexCash plan?	15
How do I make changes to my current Flex Spending Health (HCRA) or Flex Spending Dependent (DCRA) plan?	17
How do I add and/or remove eligible dependents from my Medical and/or Dental plan?	19
Complete Life Events Elections	22
Disclosures and Privacy Notice.....	24

Login to MySJSU

The MySJSU Homepage displays.

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



Quick Links

- [Class Search](#)
- [Browse Catalog](#)
- [My Password/Sign In Help](#)
- [System Downtime](#)

MySJSU SIGN IN



ABOUT MYSJSU

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

NEWS, EVENTS & ANNOUNCEMENTS

Contact Us

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

The Login page displays.

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

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

ORACLE®
PEOPLESOFT ENTERPRISE

SJSU ID:

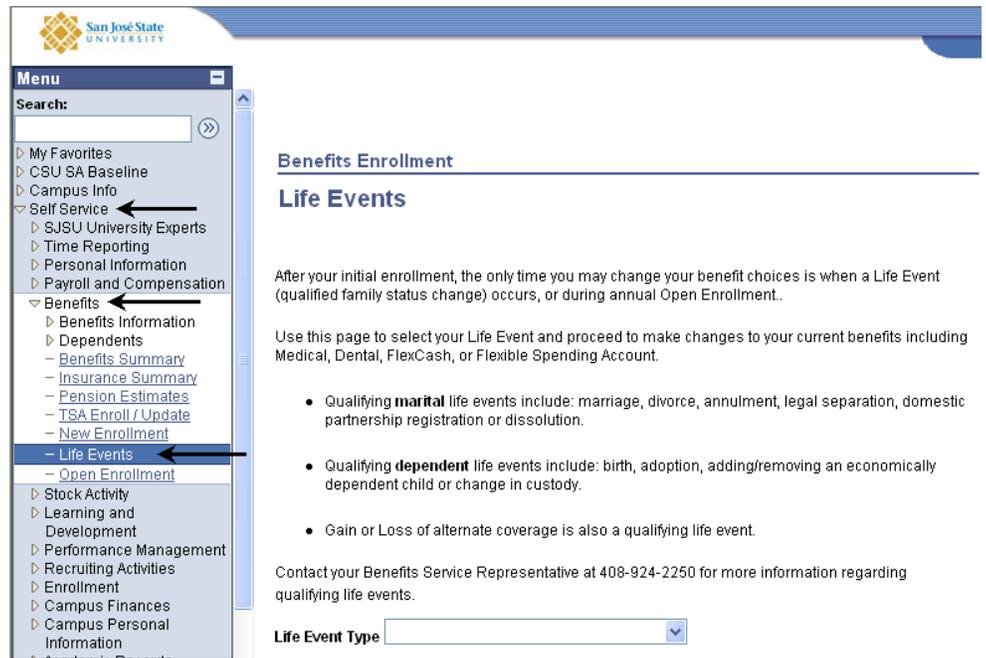
Password:

Sign In

Navigate to Life Events

The Main Menu displays.

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



The Life Events page displays.

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

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

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

Benefits Enrollment

Life Events

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

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

- Qualifying **marital** life events include: marriage, divorce, annulment, legal separation, domestic partnership registration or dissolution.
- Qualifying **dependent** life events include: birth, adoption, adding/removing an economically dependent child or change in custody.
- Gain or Loss of alternate coverage is also a qualifying life event.

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

Life Event Type

The dropdown menu is open, showing three options: 'Add or Remove Dependents', 'Gain or Loss of Alternate Coverage', and 'Update Marital Status'. An arrow points to the dropdown arrow icon.

Life Event:

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

Life Event Type ←

Life Event

Please select the specific life event you are taking action on today. Make sure to indicate the appropriate event date to ensure the effective date of benefits coverage is correct.

Life Event Event Date

Continue
Add Other Dependent
Adoption
Birth
Delete Dependent

Life Event Type ←

Life Event

Please select the specific life event you are taking action on today. Make sure to indicate the appropriate event date to ensure the effective date of benefits coverage is correct.

Life Event Event Date

Continue
Loss of Alternate Non-CSU Coverage
Significant Change in Alternative non-CSU Coverage
Significant Change in CSU Coverage

Life Event Type ←

Life Event

Please select the specific life event you are taking action on today. Make sure to indicate the appropriate event date to ensure the effective date of benefits coverage is correct.

Life Event Event Date

Continue
Death of Domestic Partner
Death of Spouse
Dissolution of DP
Divorce
Domestic Partner
Legal Separation
Marriage

Event Date:

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

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

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

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

Benefits Enrollment

Life Events

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

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

- Qualifying **marital** life events include: marriage, divorce, annulment, legal separation, domestic partnership registration or dissolution.
- Qualifying **dependent** life events include: birth, adoption, adding/removing an economically dependent child or change in custody.
- Gain or Loss of alternate coverage is also a qualifying life event.

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

→ **Life Event Type** Update Marital Status

Life Event

Please select the specific life event you are taking action on today. Make sure to indicate the appropriate event date to ensure the effective date of benefits coverage is correct.

→ **Life Event** Marriage **Event Date** 03/04/2008

Continue Click **Continue** to continue the Life Events process.

The Life Event Rules page displays.

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

Life Events

Life Event Rules

Please review the chart below to determine what actions you can take for your life event. All events listed qualify as a change in status only if they result in a gain or loss of eligibility under the CSU or another plan. Please note that these are the most common life events, but there may be exceptions to these rules depending on your specific situation. Any change you make should correspond with the Life Event information you submitted on the prior page.

If the change you wish to make does not have a Yes or No in the table below or you are unsure about what options you have, please contact your Benefits Service Representative at 408-924-2250.

Life Event	Switch to Medical / Dental FlexCash?	Switch from or Cancel Medical / Dental FlexCash?	Enroll in HCRA / DCRA?	Increase HCRA / DCRA amount?	Decrease HCRA / DCRA amount?	Cancel HCRA / DCRA?
Birth	Yes	Yes	Yes	Yes	No	No
Adoption	Yes	Yes	Yes	Yes	No	No
Add Economically Dependent Child	No	No	Yes	Yes	No	No
Delete Dependent	No	No	No	No	Yes	Yes
Marriage	Yes	Yes	Yes	Yes	Yes	Yes
Domestic Partner	Yes	Yes	Yes	Yes	No	No
Divorce	No	Yes	Yes	Yes	Yes	Yes
Legal Separation	No	Yes	Yes	Yes	Yes	Yes
Annulment	No	Yes	Yes	Yes	Yes	Yes
Death of Spouse	No	Yes	Yes	Yes	Yes	Yes
Death of Domestic Partner	No	Yes	No	No	Yes	Yes
Dissolution of DP	No	Yes	No	No	Yes	Yes
Gain of Alternate Non-CSU Coverage	Yes	Yes	*	*	*	*
Loss of Alternate Non-CSU Coverage	No	Yes	*	*	*	*
Significant Change in Alternative non-CSU Coverage	Yes	Yes	*	*	*	*

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

Field Description List: Life Event Rules Page (above)

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

The Life Events page displays.

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

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

Benefits Enrollment

Life Events

Use this page to submit changes to your current benefits due to a Life Event. You only have 60 days from the Event Date to make any changes to your benefits. Failure to change within the 60 day timeframe will delay the effective date of coverage. For questions regarding your benefits information, please contact your Benefits Service Representative at 408-924-2250 or you can visit the [HR website](#).



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

Life Event

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

Life Event Marriage **Event Date** 03/04/2008

Marital Status

Please indicate your current or new marital status.

*Marital Status

Medical Plan Selection

You have a comprehensive program of medical benefits available to you, and in many instances, your family. You share the cost of the coverage with the CSU; the CSU pays the greater portion of the monthly premium. For detailed information regarding the CSU medical plans and providers, please visit the [Staff, Faculty](#), or [MPP/Confidential](#) employees section of the HR website.

You **can not** change your current **plan provider**; you may only add or delete dependents from your current plan.

- No Change
- Add / Del Dependents
- New Enrollment
- Cancel Enrollment
- Decline Coverage

Alternatively, if you have non-CSU medical coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

- No Change
- New Enrollment
- Cancel Enrollment
- Decline Coverage

Dental Plan Selection

You have a comprehensive program of dental benefits available to you, and in many instances, your family. The CSU pays the full cost of your monthly premium. For detailed information regarding the CSU dental plans and providers, please visit the [Staff, Faculty](#), or [MPP/Confidential](#) employees section of the HR website.

You **can not** change your current **plan provider**; you may only add or delete dependents from your current plan.

- No Change
- Add / Del Dependents
- New Enrollment
- Cancel Enrollment
- Decline Coverage

Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

- No Change
- New Enrollment
- Cancel Enrollment
- Decline Coverage

Flex Spending Accounts

The [Health Care Reimbursement Account](#) (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket medical and dental expenses with pre-tax dollars for yourself and your dependents. Re-enrollment in this plan during annual Open Enrollment is required if you wish to continue coverage for the next year. The minimum monthly deduction is \$20.00, and the maximum is \$416.66. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited. There is also a \$2.00 monthly administrative fee charged for each account.

- No Change
- New Enrollment
- Change Monthly Amount
- Cancel Enrollment

The [Dependent Care Reimbursement Account](#) (DCRA) is also a voluntary benefit plan which allows you to pay for day care expenses for children under 13, an incapacitated spouse, or other dependent adult who lives with you. The same information above for HCRA also applies to DCRA such as re-enrollment, minimum and maximum deductions, administrative fee, etc.

- No Change
- New Enrollment
- Change Monthly Amount
- Cancel Enrollment

Current Marital Status:

- If your Life Event was **Marriage**, use the drop-down menu to select your current marital status.

Benefits Enrollment

Life Events

Use this page to submit changes to your current benefits due to a Life Event. You only have 60 days from the Event Date to make any changes to your benefits. Failure to change within the 60 day timeframe will delay the effective date of coverage. For questions regarding your benefits information, please contact your Benefits Service Representative at 408-924-2250 or you can visit the [HR website](#).



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

→ **Life Event**

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

Life Event Marriage	Event Date 03/04/2008
----------------------------	------------------------------

Marital Status

Please indicate your current or new marital status.

*Marital Status 

- Divorced
- Domestic Partner
- Married
- Separated
- Single
- Widowed

Medical Plan Selection

You have a current medical plan. You share the cost of the medical benefits available to you, and in many instances, your family. For detailed information, please visit the [MPP/Confidentiality](#) page. You share the cost of the medical benefits available to you, and in many instances, your family. For detailed information, please visit the [MPP/Confidentiality](#) page. You share the cost of the medical benefits available to you, and in many instances, your family. For detailed information, please visit the [MPP/Confidentiality](#) page.

You **can not** change your current **plan provider**; you may only add or delete dependents from your current plan.

No Change Add / Del Dependents New Enrollment Cancel Enrollment Decline Coverage

How do I make changes to my current Medical plan?

The Life Events page displays.

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

Note: The Medical Plan Selection defaults with the No Change radio button selected.

2. Under **Medical Plan Selection**, select the appropriate radio button. (Descriptions are listed below.)

Medical Plan Selection

You have a comprehensive program of medical benefits available to you, and in many instances, your family. You share the cost of the coverage with the CSU; the CSU pays the greater portion of the monthly premium. For detailed information regarding the CSU medical plans and providers, please visit the [Staff, Faculty](#), or [MPP/Confidential](#) employees section of the HR website.

You **can not** change your current **plan provider**; you may only add or delete dependents from your current plan.

No Change
 Add / Del Dependents
 New Enrollment
 Cancel Enrollment
 Decline Coverage

Alternatively, if you have non-CSU medical coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

No Change
 New Enrollment
 Cancel Enrollment
 Decline Coverage

Field Description List: Life Events Page (above)

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

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

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

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

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

→ **Medical Plan Selection**

You have a comprehensive program of medical benefits available to you, and in many instances, your family. You share the cost of the coverage with the CSU; the CSU pays the greater portion of the monthly premium. For detailed information regarding the CSU medical plans and providers, please visit the [Staff, Faculty](#), or [MPP/Confidential](#) employees section of the HR website.

You **can not** change your current **plan provider**; you may only add or delete dependents from your current plan.

→ **Add / Del Dependents** **New Enrollment** **Cancel Enrollment** **Decline Coverage**

Alternatively, if you have non-CSU medical coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

No Change **New Enrollment** **Cancel Enrollment** **Decline Coverage**

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

The Life Events page displays.

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

Note: The Medical Plan Selection defaults with the No Change radio button selected.

- Under **Medical Plan Selection**, click the **FlexCash Plan** hyperlink to get more information about this plan.
- Depending on your life event, select the appropriate radio button (Descriptions are listed below).

→ **Medical Plan Selection**

You have a comprehensive program of medical benefits available to you, and in many instances, your family. You share the cost of the coverage with the CSU; the CSU pays the greater portion of the monthly premium. For detailed information regarding the CSU medical plans and providers, please visit the [Staff, Faculty](#), or [MPP/Confidential](#) employees section of the HR website.

You **can not** change your current **plan provider**; you may only add or delete dependents from your current plan.

No Change
 Add / Del Dependents
 New Enrollment
 Cancel Enrollment
 Decline Coverage

→ Alternatively, if you have non-CSU medical coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

→ No Change
 → New Enrollment
 → Cancel Enrollment
 → Decline Coverage

Field Description List: Life Events Page (above)

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

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

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

7. Provide your alternate medical insurance policy information including the following:

- Social Security number of the person who holds the alternate policy under which you are covered
- Alternate medical insurance carrier name
- Policy number

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

→ **Medical Plan Selection**

You have a comprehensive program of medical benefits available to you, and in many instances, your family. You share the cost of the coverage with the CSU; the CSU pays the greater portion of the monthly premium. For detailed information regarding the CSU medical plans and providers, please visit the [Staff, Faculty, or MPP/Confidential](#) employees section of the HR website.

You **can not** change your current **plan provider**; you may only add or delete dependents from your current plan.

No Change
 Add / Del Dependents
 New Enrollment
 Cancel Enrollment
 Decline Coverage

→ Alternatively, if you have non-CSU medical coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

No Change
 New Enrollment
 Cancel Enrollment
 Decline Coverage

→ *Social Security Number *Insurance Carrier

→ *Policy Number

How do I make changes to my current Dental plan?

The Life Events page displays.

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

Note: The Dental Plan Selection section defaults with the No Change radio button selected.

10. Depending on your life event, select the appropriate radio button (Descriptions are listed below).

Dental Plan Selection

You have a comprehensive program of dental benefits available to you, and in many instances, your family. The CSU pays the full cost of your monthly premium. For detailed information regarding the CSU dental plans and providers, please visit the [Staff, Faculty, or MPP/Confidential](#) employees section of the HR website.

You **can not** change your current **plan provider**; you may only add or delete dependents from your current plan.

No Change
 Add / Del Dependents
 New Enrollment
 Cancel Enrollment
 Decline Coverage

Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

No Change
 New Enrollment
 Cancel Enrollment
 Decline Coverage

Field Description List: Life Events Page (above)

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

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

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

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

→ **Dental Plan Selection**

You have a comprehensive program of dental benefits available to you, and in many instances, your family. The CSU pays the full cost of your monthly premium. For detailed information regarding the CSU dental plans and providers, please visit the [Staff, Faculty](#), or [MPP/Confidential](#) employees section of the HR website.

You **can not** change your current **plan provider**; you may only add or delete dependents from your current plan.

No Change

→ Add / Del Dependents New Enrollment Cancel Enrollment Decline Coverage

Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

No Change New Enrollment Cancel Enrollment Decline Coverage

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

The Life Events page displays.

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

Note: The FlexCash Plan defaults with the No Change radio button selected.

13. Click the **FlexCash Plan** hyperlink to get more information about this plan.

14. Depending on your life event, select the appropriate radio button (Descriptions are listed below).

Dental Plan Selection

You have a comprehensive program of dental benefits available to you, and in many instances, your family. The CSU pays the full cost of your monthly premium. For detailed information regarding the CSU dental plans and providers, please visit the [Staff, Faculty](#), or [MPP/Confidential](#) employees section of the HR website.

You **can not** change your current **plan provider**; you may only add or delete dependents from your current plan.

No Change Add / Del Dependents New Enrollment Cancel Enrollment Decline Coverage

Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

No Change New Enrollment Cancel Enrollment Decline Coverage

Field Description List: Life Events Page (above)

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

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

15. Provide your alternate dental insurance policy information including the following:

- Social Security number of the person who holds the alternate policy under which you are covered
- Alternate medical insurance carrier name
- Policy number

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

→ **Dental Plan Selection**

You have a comprehensive program of dental benefits available to you, and in many instances, your family. The CSU pays the full cost of your monthly premium. For detailed information regarding the CSU dental plans and providers, please visit the [Staff, Faculty](#), or [MPP/Confidential](#) employees section of the HR website.

You **can not** change your current **plan provider**; you may only add or delete dependents from your current plan.

No Change
 Add / Del Dependents
 New Enrollment
 Cancel Enrollment
 Decline Coverage

→ Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

No Change
 → New Enrollment
 Cancel Enrollment
 Decline Coverage

→ *Social Security Number *Insurance Carrier

→ *Policy Number ↑

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

The Life Events page displays.

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

Note: The HCRA and DCRA plans default with No Change radio button selected.

2. Click the **Health Care Reimbursement Account** or **Dependent Care Reimbursement Account** hyperlink to get more information about these plans.
3. Depending on your life event, select the appropriate radio button (Descriptions are listed below).

The screenshot shows a section titled "Flex Spending Accounts". It contains two paragraphs of text, each followed by four radio button options: "No Change", "New Enrollment", "Change Monthly Amount", and "Cancel Enrollment".

The first paragraph describes the **Health Care Reimbursement Account (HCRA)**. It states that it is a voluntary benefit plan for eligible out-of-pocket medical and dental expenses. It mentions that re-enrollment is required for the next year, with a minimum monthly deduction of \$20.00 and a maximum of \$416.66. It also notes a \$2.00 monthly administrative fee.

The second paragraph describes the **Dependent Care Reimbursement Account (DCRA)**. It is also a voluntary benefit plan for day care expenses for children under 13, an incapacitated spouse, or other dependent adults. It notes that the same information for HCRA applies to DCRA.

In both sections, the "No Change" radio button is selected, indicated by a green dot.

Field Description List: Life Events Page (above)

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

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

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

→ **Flex Spending Accounts**

The [Health Care Reimbursement Account](#) (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket medical and dental expenses with pre-tax dollars for yourself and your dependents. Re-enrollment in this plan during annual Open Enrollment is required if you wish to continue coverage for the next year. The minimum monthly deduction is \$20.00, and the maximum is \$416.66. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited. There is also a \$2.00 monthly administrative fee charged for each account.

No Change New Enrollment Change Monthly Amount Cancel Enrollment

*Monthly HCRA Amount ←

→ The [Dependent Care Reimbursement Account](#) (DCRA) is also a voluntary benefit plan which allows you to pay for day care expenses for children under 13, an incapacitated spouse, or other dependent adult who lives with you. The same information above for HCRA also applies to DCRA such as re-enrollment, minimum and maximum deductions, administrative fee, etc.

No Change New Enrollment Change Monthly Amount Cancel Enrollment

*Monthly DCRA Amount ←

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

The Life Events page displays.

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

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

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

The Dependent Personal Information page displays.

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

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

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

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

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

→ [Add New Dependent](#)

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

Dependent Personal Information

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

→ **Personal Information**

*First Name:	<input type="text"/>
Middle Name:	<input type="text"/>
*Last Name:	<input type="text"/>
Name Prefix:	<input type="text"/>
Name Suffix:	<input type="text"/>
*Gender:	Male <input type="button" value="v"/>
*Date of Birth:	<input type="text"/>
SSN:	<input type="text"/> (Social Security Number)
*Relationship to Employee:	<input type="button" value="v"/>

→ **Address and Telephone**

Same Address as Employee

Country:

Address:

Same Phone as Employee

Phone:

* Required Field

Save

[Return to Enrollment Dependent/Beneficiary Summary](#)

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

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

Dependent Personal Information

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

Personal Information

*First Name:

Middle Name:

*Last Name:

Name Prefix:

Name Suffix:

*Gender:

*Date of Birth:

SSN: (Social Security Number)

*Relationship to Employee:

Address and Telephone

Same Address as Employee

Country: United States

Address: 34 Nan Cmn
San Jose, CA 94550

Same Phone as Employee

Phone: 408/924-1000

* Required Field

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

Note: In this example, we have added a spouse and a son due to the life event of marriage.

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

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

Add New Dependent

Name	Birthdate	Relation	Medical Coverage	Blue Shield Primary Care Provider	Dental Coverage
Elaine Smith	07-AUG-68	Spouse	No Change	<input type="text"/>	No Change
John Smith	01-SEP-07	Son	No Change	<input type="text"/>	No Change

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

Note: You must be currently enrolled in the medical or dental plan in order to add and/or remove eligible dependents from the respective plans.

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

Note: You must provide the Primary Care Physician when enrolling dependents in Blue Shield HMO.

11. Use the drop-down menu to select Add or Remove from Dental Coverage.

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

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

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

[Add New Dependent](#)

Name	Birthdate	Relation	Medical Coverage	Blue Shield Primary Care Provider	Dental Coverage
Elaine Smith	07-AUG-68	Spouse	Add		No Change
John Smith	01-SEP-07	Son	Add		No Change

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

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

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

[Add New Dependent](#)

Name	Birthdate	Relation	Medical Coverage	Blue Shield Primary Care Provider	Dental Coverage
Elaine Smith	07-AUG-68	Spouse	Add		Add
John Smith	01-SEP-07	Son	No Change		Add

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

Complete Life Events Elections

The Life Events page displays.

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

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

Medical Plan Selection

You have a comprehensive program of medical benefits available to you, and in many instances, your family. You share the cost of the coverage with the CSU; the CSU pays the greater portion of the monthly premium. For detailed information regarding the CSU medical plans and providers, please visit the [Staff, Faculty](#), or [MPP/Confidential](#) employees section of the HR website.

You **can not** change your current **plan provider**; you may only add or delete dependents from your current plan.

No Change
 Add / Del Dependents
 New Enrollment
 Cancel Enrollment
 Decline Coverage

Alternatively, if you have non-CSU medical coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate medical insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

No Change
 New Enrollment
 Cancel Enrollment
 Decline Coverage

Dental Plan Selection

You have a comprehensive program of dental benefits available to you, and in many instances, your family. The CSU pays the full cost of your monthly premium. For detailed information regarding the CSU dental plans and providers, please visit the [Staff, Faculty](#), or [MPP/Confidential](#) employees section of the HR website.

You **can not** change your current **plan provider**; you may only add or delete dependents from your current plan.

No Change
 Add / Del Dependents
 New Enrollment
 Cancel Enrollment
 Decline Coverage

Alternatively, if you have non-CSU Dental coverage, you may elect to participate in the FlexCash plan to obtain cash in lieu of CSU coverage. If you elect the FlexCash plan, you are required to provide the alternate dental insurance carrier's name and policy number, as well as the Social Security Number of the person that holds the policy. For more information, view the [FlexCash Plan](#) document.

No Change
 New Enrollment
 Cancel Enrollment
 Decline Coverage

Flex Spending Accounts

The [Health Care Reimbursement Account](#) (HCRA) is a voluntary benefit plan which allows you to pay for eligible out-of-pocket medical and dental expenses with pre-tax dollars for yourself and your dependents. Re-enrollment in this plan during annual Open Enrollment is required if you wish to continue coverage for the next year. The minimum monthly deduction is \$20.00, and the maximum is \$416.66. Contribution amounts must be carefully calculated, as any money left after all claims have been submitted for a plan year will be forfeited. There is also a \$2.00 monthly administrative fee charged for each account.

No Change
 New Enrollment
 Change Monthly Amount
 Cancel Enrollment

'Monthly HCRA Amount'

The [Dependent Care Reimbursement Account](#) (DCRA) is also a voluntary benefit plan which allows you to pay for day care expenses for children under 13, an incapacitated spouse, or other dependent adult who lives with you. The same information above for HCRA also applies to DCRA such as re-enrollment, minimum and maximum deductions, administrative fee, etc.

No Change
 New Enrollment
 Change Monthly Amount
 Cancel Enrollment

'Monthly DCRA Amount'

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

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

[Add New Dependent](#)

Name	Birthdate	Relation	Medical Coverage	Blue Shield Primary Care Provider	Dental Coverage
Elaine Smith	07-AUG-68	Spouse	Add	Dr. Kim Hansen	Add
John Smith	01-SEP-07	Son	Add	Dr. Pham Nguyen	Add

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

The final submit page for Life Events displays.

14. **Effective Date of Coverage:** Review this section to understand when your new elections will be effective.
15. **Eligibility Documentation:** Review this section to find out if any additional documentation is needed by your Benefits Representative before your elections can be finalized.
16. **Disclosures and Privacy Notice:** Click this hyperlink to read the disclosures and privacy information about the benefit plans you have elected.
Note: See next page to understand the disclosures and privacy page.
17. After reading the **Disclosures and Privacy Information**, mark the checkbox to affirm that you have read it and understand it.
18. Click the **Sign** button to electronically authorize your elections.

Benefits Enrollment

New Enrollment

Effective Date of Coverage

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

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

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

Supporting Documentation

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

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

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

When **enrolling a domestic partner**, a [Declaration of Domestic Partnership](#) must be provided. For more information regarding Domestic Partners, please visit [Family Code section 297](#) of the California State Code. Please visit the [Domestic Partner Registry](#) website for more information.

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

Dependent children who are not the employee's natural children must live with the employee in a regular parent/child relationship and be economically dependent upon the employee. A completed [Affidavit of Eligibility for Economically Dependent Children](#) stating the employee is in a parent/child relationship and the child is economically dependent upon the employee for 50% of the child's financial support will be required at the time of enrollment.

Disclosures and Privacy

I affirm I have reviewed and understand the [Disclosures and Privacy Notice](#) information about my elections.

Electronic Signature to Authorize Elections

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

Sign

Submit

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

Cancel

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

Disclosures and Privacy Notice

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

Disclosures and Privacy Information

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

1) HEALTH BENEFITS PLAN:

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

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

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

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

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

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

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

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

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

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

The submit confirmation page displays.

20. After reading the information on this page, click the OK button.

Disclosures and Privacy

I affirm I have reviewed and understand the [Disclosures and Privacy Notice](#) information about my elections.

Electronic Signature to Authorize Elections

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

Tom Smith

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

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

Benefits Enrollment

New Enrollment

Your Elections have been successfully submitted to the Benefits Department. Within 2 business days your Benefits Service Representative will process and finalize your elections. You will be notified via email when this is complete or if more information is required. If you have any questions about the process, please contact your Benefits Service Representative at 408-924-2250.

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

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

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