



Carefully review plan summaries, rate comparisons, and other vital information regarding your health plan options available in the Human Resources office or online <https://hraps.humboldt.edu/employee-benefits>.

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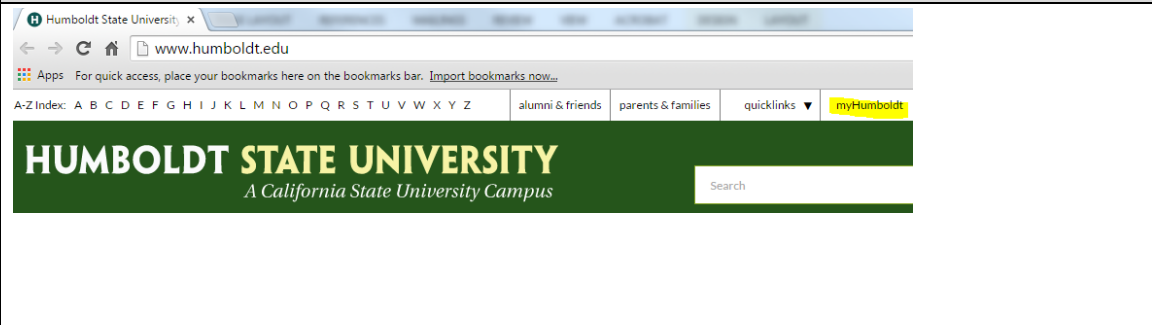
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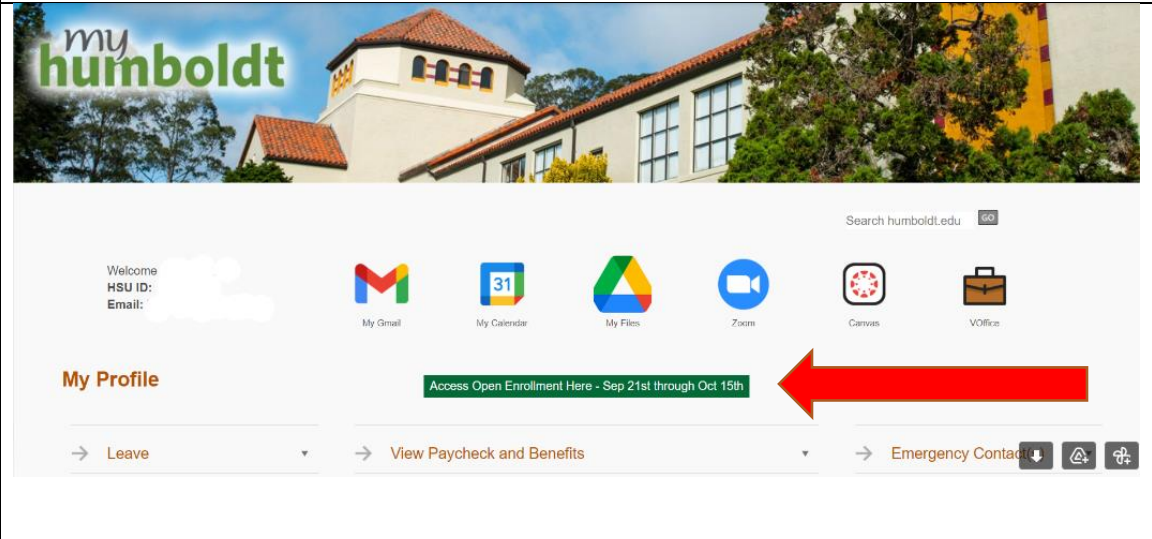
Processing Steps

Screen Shots


Step 1:
Go to www.humboldt.edu and log in to the myHumboldt Portal.



Step 3:
Navigate to the **Open Enrollment: September xx – October xx** link, on the front page of your MyHumboldt portal



Step 4:
On the Benefits Enrollment page, click on the Select Button to go to the plan selection pages. From here, you will make all your benefit election selections. Click 'Edit' to enroll in individual plans.

 Carefully review plan summaries, rate comparisons, and other vital information regarding your health plan options before making your selections.

Benefits Enrollment

After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change. The information icon provides you with additional information about your enrollment. 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 | Cnfdntl Office Support 12 Mo | Select |


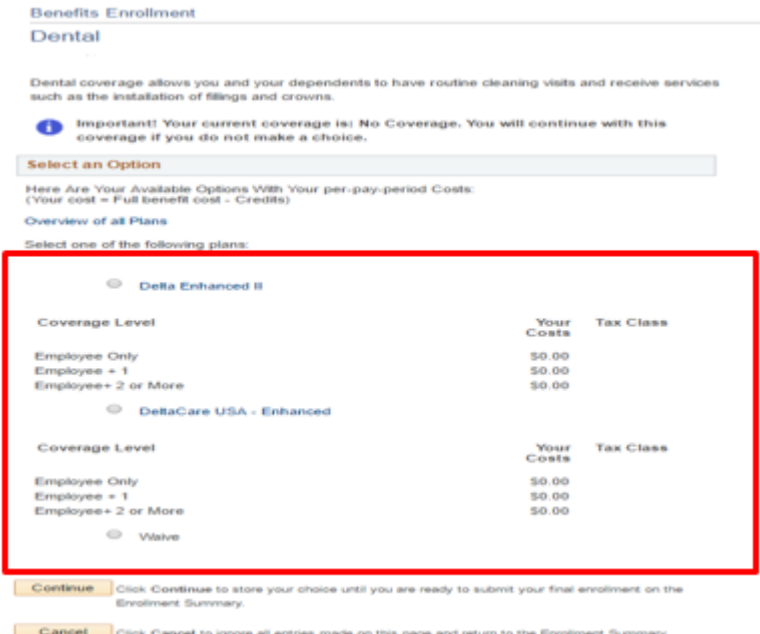
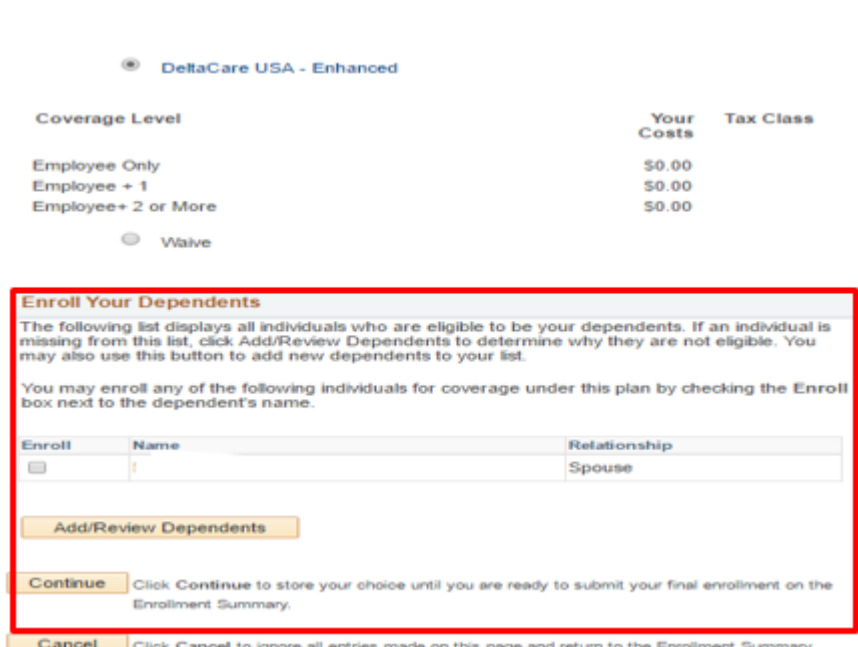
Once you click Select, it will take a few seconds for your benefits enrollment information to load.

| Enrollment Summary | | | |
|--------------------|--|--------|--------|
| | Medical | Dental | Vision |
| Current: | Blue Shield Access+ CA,Emp1 Only | | |
| New: | Blue Shield Access+ CA,Emp1 Only | 65.03 | |
| Current: | Delta Enhanced II Emp1 Only | | |
| New: | Delta Enhanced II Emp1 Only | | |
| Current: | Vision Service Plan:Emp+Depts | | |
| New: | Vision Service Plan:Emp+Depts | | |
| Current: | No Coverage | | |
| New: | No Coverage | | |
| Current: | No Coverage | | |
| New: | No Coverage | | |
| Current: | Standard (50K/ C99/ M90/ M96): \$50,000 | | |
| New: | Standard (50K/ C99/ M90/ M96): \$50,000 | | |
| Current: | Long Term Disability (C99): 66.67% of Salary | | |
| New: | Long Term Disability (C99): 66.67% of Salary | | 0.00 |
| Current: | No Coverage | | |
| New: | Health Care Flex Spending: \$2,650.00 | 240.91 | |
| Current: | No Coverage | | |


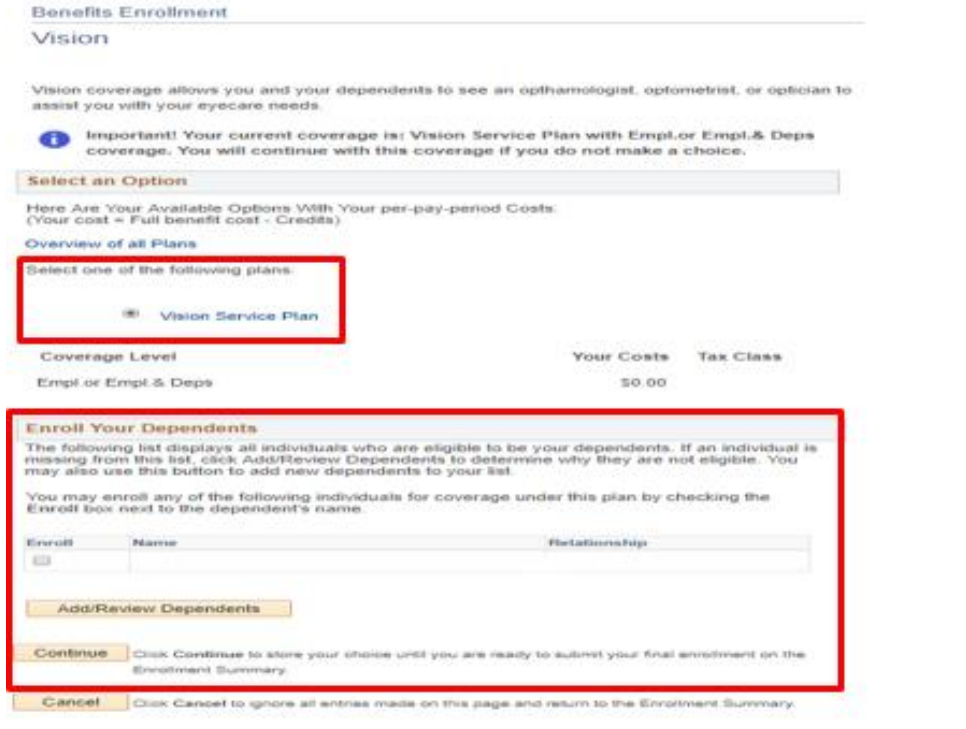
Enrolling in a Medical Plan

| Processing Steps | Screen Shots | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|----------------|------------|-----------|---------------|----------|------------|--------------|----------|------------|---------------------|----------|------------|----------------|------------|-----------|---------------|----------|------------|--------------|----------|------------|---------------------|----------|------------|----------------|------------|-----------|---------------|----------|------------|--------------|----------|------------|---------------------|----------|------------|--------|------|--------------|--------------------------|--|--------|
| <p>Step 1:</p> <p>In the Medical section, select the Medical Plan you wish to enroll in by clicking the radial button next to your choice.</p> <p> The plans displayed are the plans available based on your <i>residence address on file</i>, but may not have coverage in Humboldt County if your address on file is out of the area. If you are interested in enrolling in a plan that is not listed on our website, please contact Human Resources at 707-826-3626.</p> <p>Step 2:</p> <p>You may choose to add or review dependents (see page 5 for directions on how to add dependents for the first time). Check the Enroll box for each dependent you would like to add to the plan. Click Continue.</p> | <p>Benefits Enrollment Medical</p> <p>All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured.</p> <p>Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.</p> <p>Select an Option</p> <p>Here Are Your Available Options With Your per-pay-period Costs: (Your cost = Full benefit cost - Credits)</p> <p>Overview of all Plans</p> <p>Select one of the following plans:</p> <p><input type="radio"/> Anthem Blue Cross Traditional</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$165.91</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + 1</td> <td>\$396.82</td> <td>Before-Tax</td> </tr> <tr> <td>Employee+ 2 or More</td> <td>\$542.57</td> <td>Before-Tax</td> </tr> </tbody> </table> <p><input checked="" type="radio"/> Blue Shield Access+ CA</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$123.44</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + 1</td> <td>\$311.88</td> <td>Before-Tax</td> </tr> <tr> <td>Employee+ 2 or More</td> <td>\$432.14</td> <td>Before-Tax</td> </tr> </tbody> </table> <p><input type="radio"/> PERS-Care</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$119.37</td> <td>Before-Tax</td> </tr> <tr> <td>Employee + 1</td> <td>\$303.74</td> <td>Before-Tax</td> </tr> <tr> <td>Employee+ 2 or More</td> <td>\$421.56</td> <td>Before-Tax</td> </tr> </tbody> </table> <p>Enroll Your Dependents</p> <p>The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.</p> <table border="1"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td></td> <td>Spouse</td> </tr> </tbody> </table> <p>Add/Review Dependents</p> <p>Continue Click Continue to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.</p> <p>Cancel Click Cancel to ignore all entries made on this page and return to the Enrollment Summary.</p> | Coverage Level | Your Costs | Tax Class | Employee Only | \$165.91 | Before-Tax | Employee + 1 | \$396.82 | Before-Tax | Employee+ 2 or More | \$542.57 | Before-Tax | Coverage Level | Your Costs | Tax Class | Employee Only | \$123.44 | Before-Tax | Employee + 1 | \$311.88 | Before-Tax | Employee+ 2 or More | \$432.14 | Before-Tax | Coverage Level | Your Costs | Tax Class | Employee Only | \$119.37 | Before-Tax | Employee + 1 | \$303.74 | Before-Tax | Employee+ 2 or More | \$421.56 | Before-Tax | Enroll | Name | Relationship | <input type="checkbox"/> | | Spouse |
| Coverage Level | Your Costs | Tax Class | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Only | \$165.91 | Before-Tax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + 1 | \$396.82 | Before-Tax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee+ 2 or More | \$542.57 | Before-Tax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coverage Level | Your Costs | Tax Class | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Only | \$123.44 | Before-Tax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + 1 | \$311.88 | Before-Tax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee+ 2 or More | \$432.14 | Before-Tax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Coverage Level | Your Costs | Tax Class | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Only | \$119.37 | Before-Tax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + 1 | \$303.74 | Before-Tax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee+ 2 or More | \$421.56 | Before-Tax | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Enroll | Name | Relationship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | Spouse | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

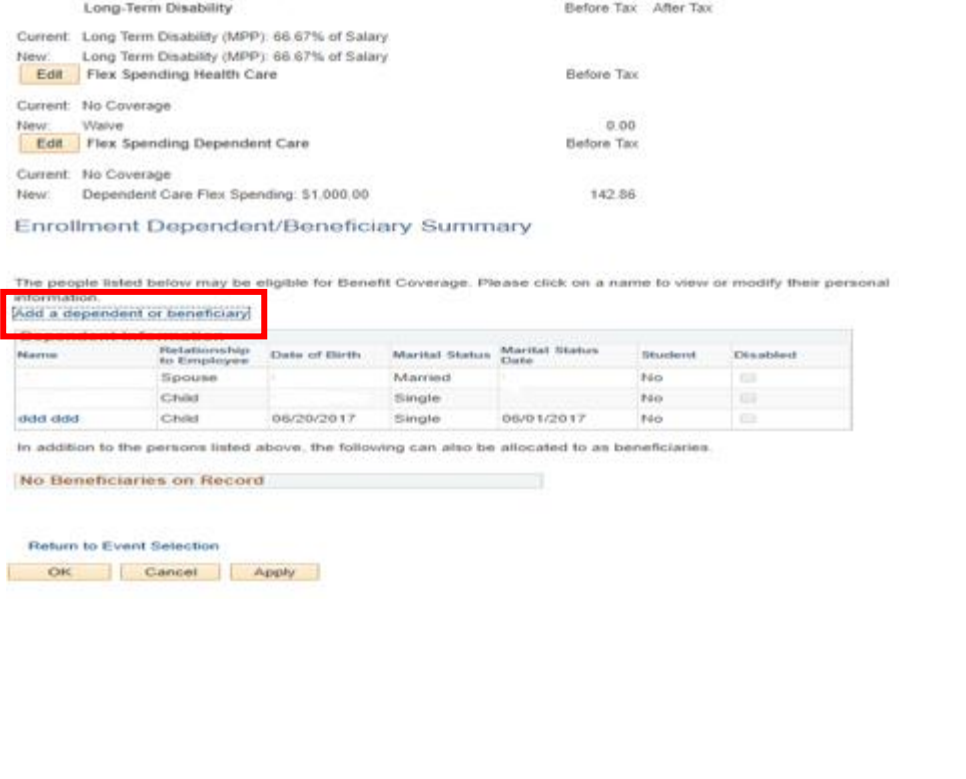
Enrolling in a Dental Plan

| Processing Steps | Screen Shots | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------|------------|-----------|---------------|--------|--|--------------|--------|--|---------------------|--------|--|----------------|------------|--------------|--------------------------|------------|--------|--------------|--------|--|---------------------|--------|--|
| <p>Step 1:</p> <p>In the Dental Plan Selection section, select the Dental Plan you wish to enroll in and click Continue.</p> <p> Please note: There are currently no dentists in Humboldt County that accept DeltaCare insurance.</p> |  <p>Benefits Enrollment Dental</p> <p>Dental coverage allows you and your dependents to have routine cleaning visits and receive services such as the installation of fillings and crowns.</p> <p>Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.</p> <p>Select an Option</p> <p>Here Are Your Available Options With Your per-pay-period Costs: (Your cost = Full benefit cost - Credits)</p> <p>Overview of all Plans</p> <p>Select one of the following plans:</p> <div style="border: 2px solid red; padding: 5px;"> <p><input type="radio"/> Delta Enhanced II</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Employee + 1</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Employee+ 2 or More</td> <td>\$0.00</td> <td></td> </tr> </tbody> </table> <p><input type="radio"/> DeltaCare USA - Enhanced</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Employee + 1</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Employee+ 2 or More</td> <td>\$0.00</td> <td></td> </tr> </tbody> </table> <p><input type="radio"/> Waive</p> </div> <p>Continue Click Continue to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.</p> <p>Cancel Click Cancel to ignore all entries made on this page and return to the Enrollment Summary.</p> | Coverage Level | Your Costs | Tax Class | Employee Only | \$0.00 | | Employee + 1 | \$0.00 | | Employee+ 2 or More | \$0.00 | | Coverage Level | Your Costs | Tax Class | Employee Only | \$0.00 | | Employee + 1 | \$0.00 | | Employee+ 2 or More | \$0.00 | |
| Coverage Level | Your Costs | Tax Class | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Only | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + 1 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee+ 2 or More | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Coverage Level | Your Costs | Tax Class | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Only | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + 1 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee+ 2 or More | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Step 2:</p> <p>You may choose to add or review dependents (see page 5 for directions on how to add dependents for the first time). Check the Enroll box for each dependent you would like to add to the plan. Click Continue.</p> |  <p><input checked="" type="radio"/> DeltaCare USA - Enhanced</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Employee Only</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Employee + 1</td> <td>\$0.00</td> <td></td> </tr> <tr> <td>Employee+ 2 or More</td> <td>\$0.00</td> <td></td> </tr> </tbody> </table> <p><input type="radio"/> Waive</p> <div style="border: 2px solid red; padding: 5px;"> <p>Enroll Your Dependents</p> <p>The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.</p> <p>You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.</p> <table border="1"> <thead> <tr> <th>Enroll</th> <th>Name</th> <th>Relationship</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>[REDACTED]</td> <td>Spouse</td> </tr> </tbody> </table> <p>Add/Review Dependents</p> </div> <p>Continue Click Continue to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.</p> <p>Cancel Click Cancel to ignore all entries made on this page and return to the Enrollment Summary.</p> | Coverage Level | Your Costs | Tax Class | Employee Only | \$0.00 | | Employee + 1 | \$0.00 | | Employee+ 2 or More | \$0.00 | | Enroll | Name | Relationship | <input type="checkbox"/> | [REDACTED] | Spouse | | | | | | |
| Coverage Level | Your Costs | Tax Class | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Only | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee + 1 | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee+ 2 or More | \$0.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Enroll | Name | Relationship | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | [REDACTED] | Spouse | | | | | | | | | | | | | | | | | | | | | | | |

Enrolling in a Vision Plan

| Processing Steps | Screen Shots |
|--|--|
| <p>Step 1:</p> <p>All employees who are eligible for health benefits are automatically enrolled in vision care benefits. You may choose to add or review dependents (see page 5 for directions on how to add dependents for the first time). Check the Enroll box for each dependent you would like to add to the plan. Click Continue.</p> <p> If you are interested in enrolling in the VSP Premier Vision plan, visit csuactives.vspforme.com. You cannot split dependents between the Premier and Basic vision plans.</p> |  |

Enrolling Dependents in Medical, Dental, and/or Vision Plan(s)

| Processing Steps | Screen Shots |
|---|--|
| <p>You must elect to enroll yourself in a benefit in order to extend the benefit to your dependent(s). I.e. to enroll a dependent in a health plan, you must have elected to enroll yourself in the same health plan.</p> <p>Step 1:</p> <p>Under each benefit option once you choose a plan to enroll in by clicking the radial button next to your choice, the screen will refresh and give you the option to add dependents. Select Add a dependent or beneficiary.</p> <p>NOTE: You can also select the 'Add/Review Dependents' button at the bottom of each plan page to get to the following step.</p> |  |

Step 2:

Enter the personal information of the new dependent.

Fields marked with an asterisk (*) are required. Social Security Number is required for all dependents. If Social Security number is not available for a dependent, contact Human Resources at 707-826-3626.

Dependent/Beneficiary Personal Information


Click Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jun 1, 2017.

Personal Information

*First Name:


Middle Name:

*Last Name:

Name Prefix: 

Name Suffix: 

*Gender:

*Date of Birth: 

SSN: (Social Security Number)

*Relationship to Employee:

Step 3:

Enter the **Marital Status** information related to the type of relationship you have with your dependent.



Please note: the information regarding Student, Disabled, and/or Smoker status collected here is confidential and is not sent to plan providers or affect coverage or rates in any way. You can skip these questions if you would like. **If you answer 'YES' to student, disabled, or smoker you will need to enter your hire date for the 'as of' date.**

Status Information

*Marital Status: As of: 

Student: As of: 

Disabled: As of: 

Smoker: As of: 

Address and Telephone

Step 4:

Enter the address and phone number for the new dependent. **This will always be the same address as employee.**

Then click **Save**. When you **Return to Dependent/Beneficiary Summary**, you will see your new dependent. Repeat steps 1-4 to add additional dependents.

Same Address as Employee

Country: United States

Address: Drive
Crescent City, CA 95531

Same Phone as Employee

Phone: 707 Home

* Required Field

Save

[Return to Dependent/Beneficiary Summary](#)

Step 5:

Return to the plan type(s) to which you would like to add your dependent(s). The dependent's information will appear in your dependent list. Check the **Enroll** box for each dependent, then click **Continue**.

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.

| Enroll | Name | Relationship |
|--------------------------|------|--------------|
| <input type="checkbox"/> | | Spouse |

Add/Review Dependents

Continue Click Continue to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

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

Enrolling in a Medical and/or Dental FlexCash Plan

FlexCash is an optional benefit plan that allows eligible employees to waive CSU medical and/or dental insurance in exchange for cash if they have other non-CSU coverage. Employees participating in this program will receive additional taxable income each month up to a maximum of \$140. This benefit is offered to all bargaining units. Employees who are covered as dependents of employees of the CSU system are not eligible to participate in the Flex Cash Plan. Employees must enroll during the first 60 days of eligible employment or wait for the next Open Enrollment period, unless a change of status event occurs as defined by the Flex Cash brochure available in Human Resources.

Processing Steps

Step 1:

If you are eligible for the FlexCash plan and would like to enroll, first select the **Waive** Coverage radial button under Medical and/or Dental selection to decline health coverage and click **Continue**.

Screen Shots

AnthemBlueCrossDelNorteEPOMedi

| Coverage Level | Your Costs | Tax Class |
|---------------------|------------|------------|
| Employee Only | \$33.88 | Before-Tax |
| Employee + 1 | \$132.76 | Before-Tax |
| Employee+ 2 or More | \$199.29 | Before-Tax |

Waive

Continue Click Continue to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

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

Step 2:

On the main enrollment selection page, select Medical or Dental Flex Cash then click the **Flex Cash** radial button.

Enter the following:

- **Social Security Number:** this is the social security number of the person who holds the alternate health policy under which you are covered.
- **Insurance Carrier:** the name of the alternate health insurance carrier.
- **Policy Number:** the policy number of the alternate health insurance policy.

When you are done with your selections, click **Continue**. Repeat for Dental or Medical Flex Cash if desired.

Enrolling in a Flex Spending Health Care (HCRA) and/or Flex Spending Dependent Care (DCRA) Plan

Before enrolling in a Health Care Reimbursement Account (HCRA) or Dependent Care Reimbursement Account (DCRA), carefully review the information available at <https://hraps.humboldt.edu/flexible-spending-accounts>.

| Processing Steps | Screen Shots |
|---|--------------|
| <p>Step 1:</p> <p>To enroll in a HCRA or DCRA account, select the Flex Spending Health Care or Flex Spending Dependent Care radial button.</p> <p>Enter the annual pledge amount you would like deducted. If you would prefer to enter a monthly amount instead, select the Worksheet link.</p> <p>When you are done entering your information click Continue.</p> | |

Step 2:

You will need to confirm your choices on the next screen and it will provide the dates when the coverage becomes effective and the contribution amount.

If you need to make corrections, choose **Edit**.

When you are done with your review or changes, click **OK**.

Benefits Enrollment
Flex Spending Health Care

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

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

Your Contributions
Your approximate per-pay-period contribution will be \$142.86.

Notes
Once submitted, this choice will take effect on 09/01/2017.
Deductions and/or Credits for this choice will start with the pay period beginning 09/01/2017.

OK Click OK to store your choices.

Edit Click Edit to go back and change your choices.

Finalizing and Submitting New Enrollment Elections

| Processing Steps | Screen Shots | | | | | | | | | | | | |
|---|--|-----------|------------|-----------|-------|-------|--------|------|--------|------------|--------|------|--------|
| <p>Step 1:</p> <p>Once you have made all of your elections on the main enrollment page, review them carefully. If you need to make changes, click the Edit button next to the plan you need to adjust.</p> <p>When you are done with all your selections, click the Submit button at the bottom of the page.</p> | <p>This table summarizes estimated costs for your new benefit choices.</p> <table border="1" data-bbox="764 793 1354 877"> <thead> <tr> <th></th> <th>Before Tax</th> <th>After Tax</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Costs</td> <td>142.86</td> <td>0.00</td> <td>142.86</td> </tr> <tr> <td>Your Costs</td> <td>142.86</td> <td>0.00</td> <td>142.86</td> </tr> </tbody> </table> <p>These costs do not include certain choices that are based on variable earnings.</p> <p>Submit Click Submit to send your final choices to the Benefits Department.</p> <p>i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.</p> | | Before Tax | After Tax | Total | Costs | 142.86 | 0.00 | 142.86 | Your Costs | 142.86 | 0.00 | 142.86 |
| | Before Tax | After Tax | Total | | | | | | | | | | |
| Costs | 142.86 | 0.00 | 142.86 | | | | | | | | | | |
| Your Costs | 142.86 | 0.00 | 142.86 | | | | | | | | | | |
| <p>Step 2:</p> <p>Review the information on this screen carefully before proceeding.</p> <p>Once you have read the Disclosures and Privacy Notice, mark the check box to indicate you have read and understand the notice.</p> | <p>Benefits Enrollment Submit Benefit Choices</p> <p>You have almost completed your enrollment. If you have no further changes, click Submit at the bottom of this page to finalize your benefit choices.</p> <p>Cancel Click Cancel if you are not ready to submit your choices and wish to return to the Enrollment Summary.</p> <p>Disclosures and Privacy</p> <p><input checked="" type="checkbox"/> By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.</p> <p>Electronic Signature to Authorize Elections</p> <p>Sign _____</p> <p>Submit Click Submit to send your final choices to the Benefits Department.</p> <p>Cancel Click Cancel if you are not ready to submit your choices and wish to return to the Enrollment Summary.</p> | | | | | | | | | | | | |

Step 3:

Click the **Sign** button to electronically sign and authorize your elections then click **Submit**.

Click **Submit** to send your final choices to the HSU Benefits department.



Be sure that you have completed and submitted the [eBenefits Self-Service Electronic Signature Authorization form](#). If you have questions, contact the Human Resources Office.

You will see a confirmation on the screen that your elections were successfully submitted to the Human Resources office. Click **OK** to close the elections page.

Benefits Enrollment

Submit Benefit Choices

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

Cancel Click Cancel if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Disclosures and Privacy

By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

Electronic Signature to Authorize Elections

Sign [Signature Field]

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

Cancel Click Cancel if you are not ready to submit your choices and wish to return to the Enrollment Summary.



If **Supporting Documentation** is required (e.g. marriage certificates, birth certificates, proof of non-CSU insurance), submit it to the Human Resources Office within **1 week**. If you do not provide this documentation, your benefits cannot be finalized and your enrollment changes may be cancelled. Contact Human Resources at 707-826-3626 if you have any questions regarding these requirements.

You will receive confirmation from the Human Resources Office once the Open Enrollment period has closed and your selections have been processed and approved.

If you have questions or concerns about your enrollment, please contact Human Resources. You can also view your enrollment summary by logging in to your MyHumboldt Portal, and clicking on the **Benefits** tab on your profile.



Benefits Summary

To view your benefits as of another date, enter the date and click Go:

07/17/2017 [st] **Go**

| Type of Benefit | Plan Description | Coverage or Participation |
|-------------------|------------------------|---------------------------|
| Medical | PERS-Choice | Employee Only |
| Dental | Delta Enhanced II | Employee Only |
| Vision | Vision Service Plan | Empl or Empl. & Deps |
| Life and AD and D | Standard (10K / CSUEU) | \$10,000 |