



HR eBenefits: New Hire/Newly Eligible

If you are a new hire to HSU or you have recently become eligible for benefits at HSU, follow these instructions to enroll in benefits.

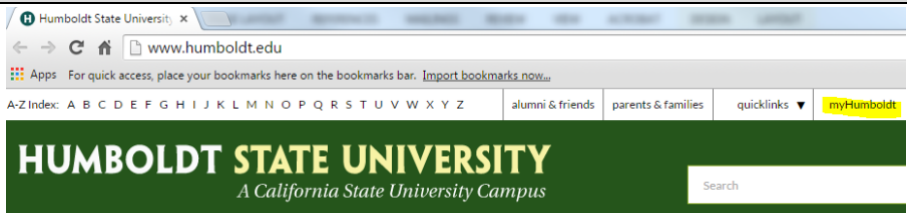
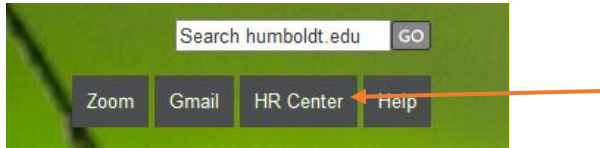
 You must enroll in benefit plans within 60 days of employment/eligibility. Failure to do so will result in a 90-day waiting period before enrollment can begin.

 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>. Contact the Human Resources Office at 707-826-3626 for more information regarding enrolling in benefits.

Contents

Navigating to New Hire/Newly Eligible eBenefits Enrollment	1
Enrolling in a Medical Plan.....	3
Enrolling in a Dental Plan.....	4
Enrolling in a Vision Plan.....	5
Enrolling Dependents in Medical, Dental, and/or Vision Plan(s)	5
Enrolling in a Medical and/or Dental FlexCash Plan.....	7
Enrolling in a Flex Spending Health Care (HCRA) and/or Flex Spending Dependent Care (DCRA) Plan.....	8
Finalizing and Submitting New Enrollment Elections.....	9

Navigating to New Hire/Newly Eligible eBenefits Enrollment

Processing Steps	Screen Shots
<p>Step 1: Go to www.humboldt.edu and log in to the myHumboldt Portal.</p>	
<p>Step 3: Log in to PeopleSoft by clicking 'HR Center' in the upper right corner.</p>	

Step 4:

Click on Self Service under the left hand menu.

The screenshot shows the Humboldt State University Main Menu. At the top, there are 'Favorites' and 'Main Menu' dropdowns. Below is the 'HUMBOLDT STATE UNIVERSITY' logo. A 'Menu' section contains a search bar and a list of menu items: 'My Favorites', 'CSU SA Baseline', 'CSU Temp Faculty', 'Humboldt CS Customization', 'Self Service', and 'Manager Self Service'. A red arrow points to the 'Self Service' item.

Step 5:

Click on Benefits, then Benefits Enrollment

The screenshot shows the 'Self Service' page. It has a header 'Main Menu >' and 'Self Service' with a sub-header 'Navigate to your self service information and activities.' Below are three main sections: 'Time Reporting' (with sub-items: Employee Balance Inquiry, Report Time, View Time), 'Benefits' (with sub-items: Dependents and Beneficiaries, Benefits Summary, Dependent/Beneficiary Info, Benefits Enrollment), and 'Faculty Center' (with sub-item: My Schedule). A red arrow points to the 'Benefits Enrollment' link.

Step 6:

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.


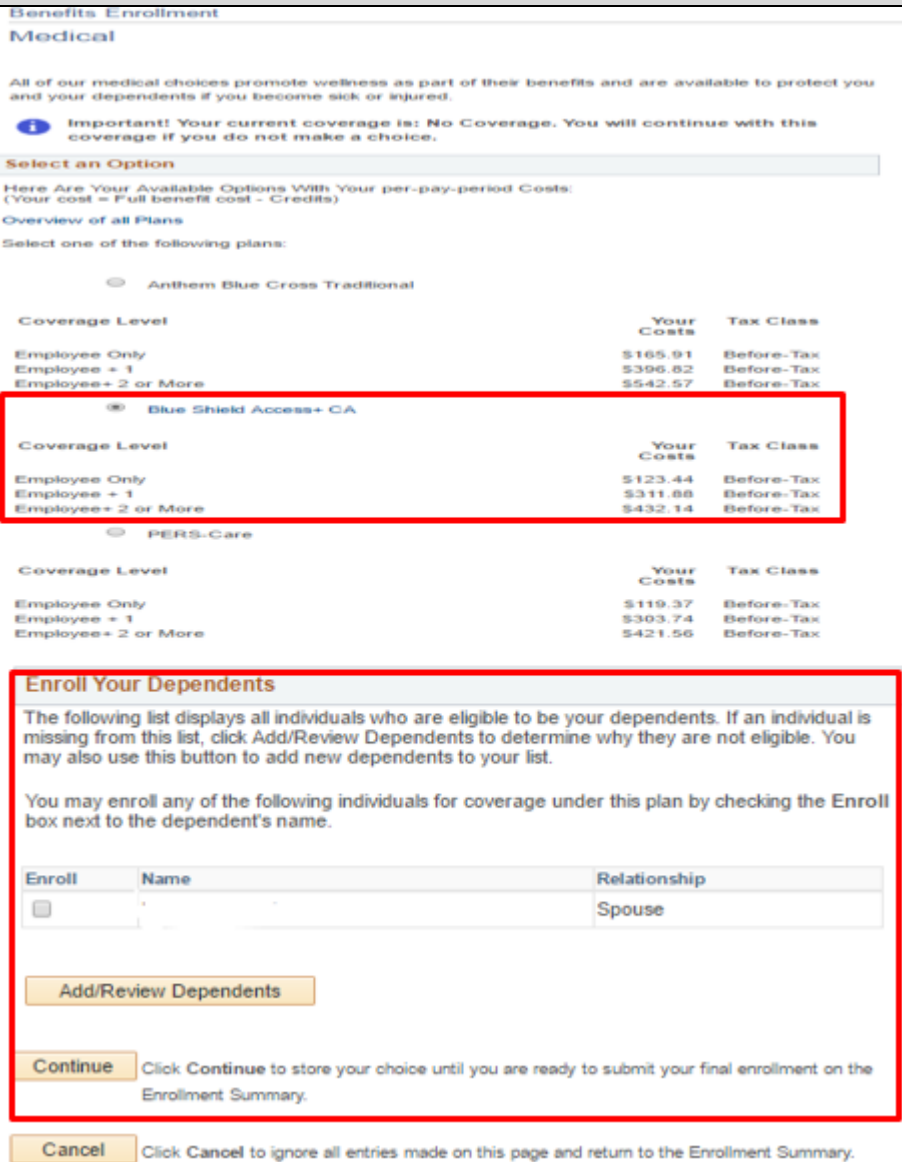
Contact the Human Resources Office at 707-826-3626 for more information regarding enrolling in benefits.

The screenshot shows the 'Benefits Enrollment' page for 'David V'. It includes instructions on how to use the 'Select' button. Below is a table of 'Open Benefit Events':


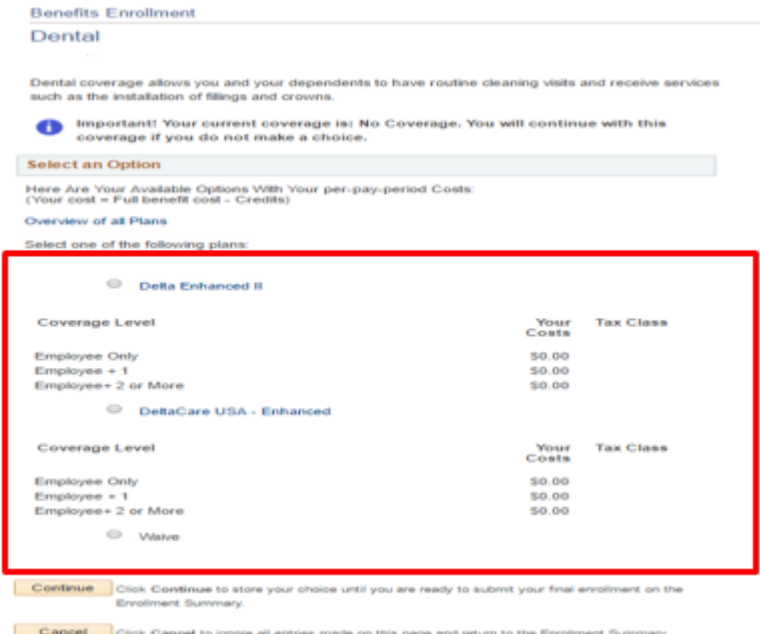
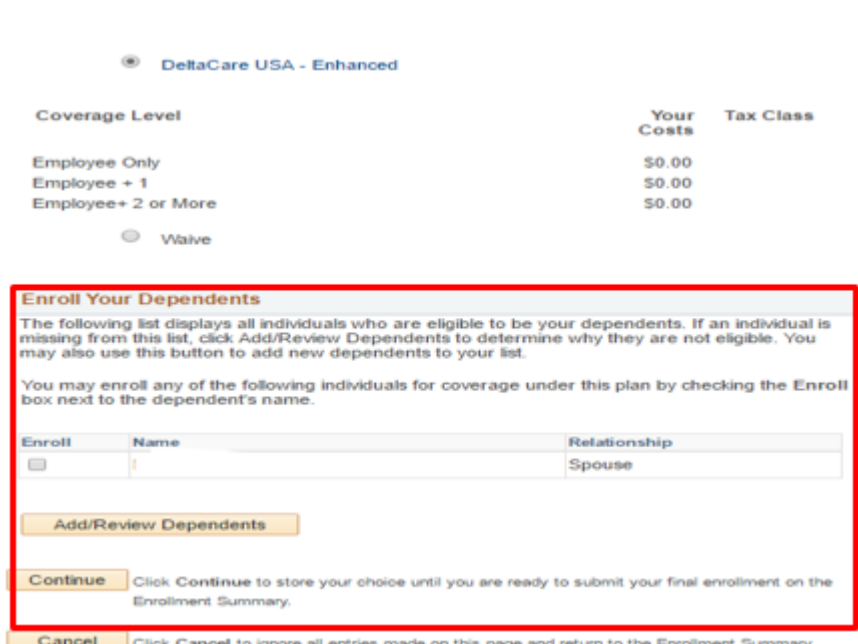
Event Description	Event Date	Event Status	Job Title	
Health Benefit Enrollment	03/01/2016	Open	Instr Fac AY	Select

Below the table is an 'Enrollment Summary' section with 'Edit' buttons for 'Medical' and 'Dental' plans. The 'Medical' section shows 'Current: No Coverage' and 'New: ANTHEM BLUE CROSS SELECT HMO:Empl Only' with a rate of '0.00'. The 'Dental' section shows 'Current: No Coverage' and 'New: No Coverage'.


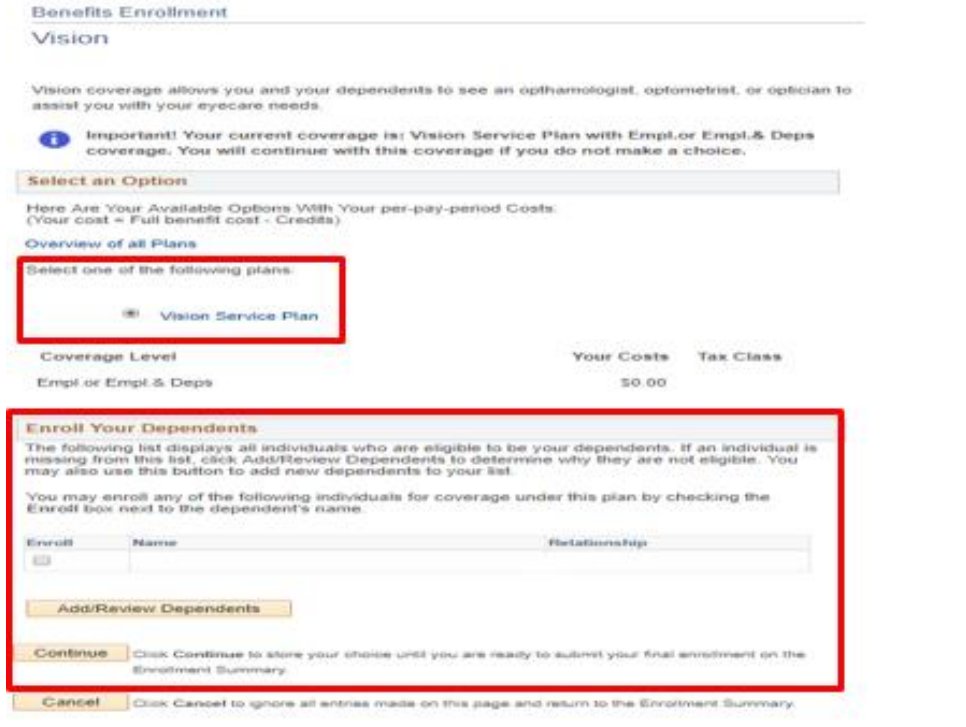
Enrolling in a Medical Plan

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>By default, the <i>No Coverage</i> option is selected. If you do not wish to enroll in a health plan, select the Waive Coverage radial button to continue with no coverage. Otherwise, when you are done with your selections, continue to step 2 to add dependents or click Continue.</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>The screenshot shows the 'Medical' enrollment page. It includes a message about current coverage, a 'Select an Option' section with three plan choices (Anthem Blue Cross Traditional, Blue Shield Access+ CA, and PERS-Care), and an 'Enroll Your Dependents' section with a table for adding dependents.</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
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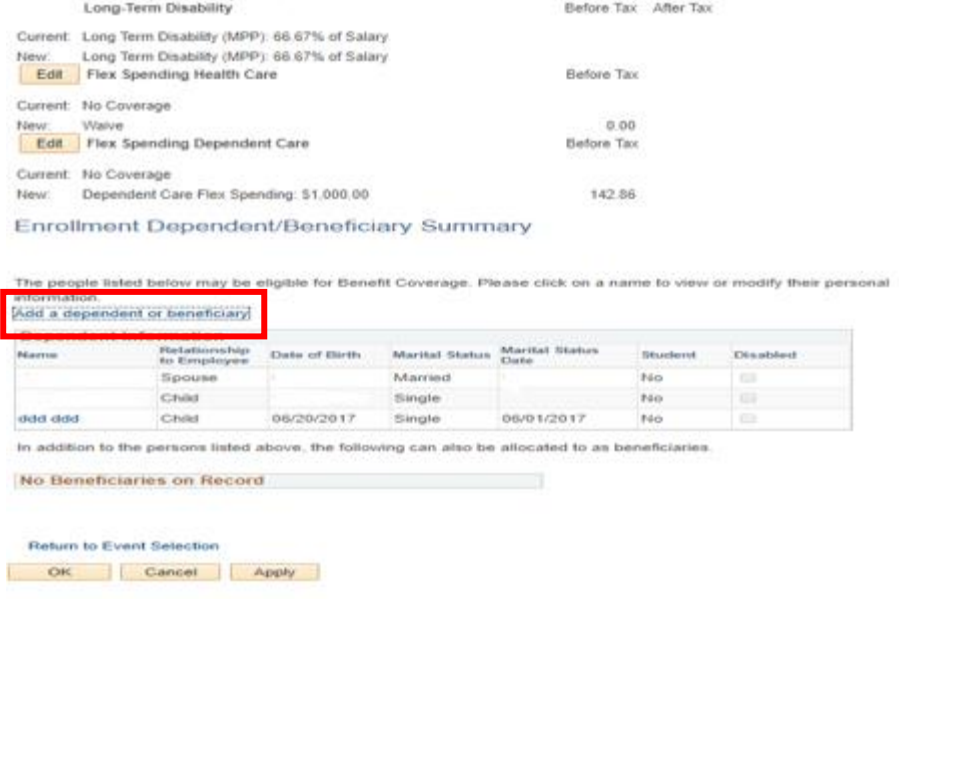
Enrolling in a Dental Plan

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. By default, the <i>No Coverage</i> option is selected. If you do not wish to enroll in a dental plan, select the Waive radial button, click Continue and skip to the next section.</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> <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>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> <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	
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<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.</p>	 <p>Benefits Enrollment Vision</p> <p>Vision coverage allows you and your dependents to see an ophthalmologist, optometrist, or optician to assist you with your eyecare needs.</p> <p>Important! Your current coverage is: Vision Service Plan with Empl. or Empl. & Deps 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 checked="" type="radio"/> Vision Service Plan</p> <table border="1"> <thead> <tr> <th>Coverage Level</th> <th>Your Costs</th> <th>Tax Class</th> </tr> </thead> <tbody> <tr> <td>Empl. or Empl. & Deps</td> <td>\$0.00</td> <td></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></td> </tr> </tbody> </table> <p>Add/Review Dependents</p> <p>Continue Click Continue to save 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	Empl. or Empl. & Deps	\$0.00		Enroll	Name	Relationship	<input type="checkbox"/>		
Coverage Level	Your Costs	Tax Class											
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Enroll	Name	Relationship											
<input type="checkbox"/>													

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>	 <p>Long-Term Disability</p> <table border="1"> <thead> <tr> <th></th> <th>Before Tax</th> <th>After Tax</th> </tr> </thead> <tbody> <tr> <td>Current: Long Term Disability (MPP): 66.67% of Salary</td> <td></td> <td></td> </tr> <tr> <td>New: Long Term Disability (MPP): 66.67% of Salary</td> <td></td> <td></td> </tr> <tr> <td>Edit Flex Spending Health Care</td> <td>Before Tax</td> <td></td> </tr> <tr> <td>Current: No Coverage</td> <td></td> <td></td> </tr> <tr> <td>New: Waive</td> <td>0.00</td> <td></td> </tr> <tr> <td>Edit Flex Spending Dependent Care</td> <td>Before Tax</td> <td></td> </tr> <tr> <td>Current: No Coverage</td> <td></td> <td></td> </tr> <tr> <td>New: Dependent Care Flex Spending: \$1,000.00</td> <td>142.86</td> <td></td> </tr> </tbody> </table> <p>Enrollment Dependent/Beneficiary Summary</p> <p>The people listed below may be eligible for Benefit Coverage. Please click on a name to view or modify their personal information.</p> <p>Add a dependent or beneficiary</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Relationship to Employee</th> <th>Date of Birth</th> <th>Marital Status</th> <th>Marital Status Date</th> <th>Student</th> <th>Disabled</th> </tr> </thead> <tbody> <tr> <td></td> <td>Spouse</td> <td></td> <td>Married</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td>Child</td> <td></td> <td>Single</td> <td></td> <td>No</td> <td><input type="checkbox"/></td> </tr> <tr> <td>ddd ddd</td> <td>Child</td> <td>06/20/2017</td> <td>Single</td> <td>06/01/2017</td> <td>No</td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>In addition to the persons listed above, the following can also be allocated to as beneficiaries.</p> <p>No Beneficiaries on Record</p> <p>Return to Event Selection</p> <p>OK Cancel Apply</p>		Before Tax	After Tax	Current: Long Term Disability (MPP): 66.67% of Salary			New: Long Term Disability (MPP): 66.67% of Salary			Edit Flex Spending Health Care	Before Tax		Current: No Coverage			New: Waive	0.00		Edit Flex Spending Dependent Care	Before Tax		Current: No Coverage			New: Dependent Care Flex Spending: \$1,000.00	142.86		Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled		Spouse		Married		No	<input type="checkbox"/>		Child		Single		No	<input type="checkbox"/>	ddd ddd	Child	06/20/2017	Single	06/01/2017	No	<input type="checkbox"/>
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ddd ddd	Child	06/20/2017	Single	06/01/2017	No	<input type="checkbox"/>																																																		

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												
Step 1:	<p>This table summarizes estimated costs for your new benefit choices.</p> <table border="1"> <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										
Step 2:	<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

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 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 your elections have been processed and approved. We strive to process enrollments within **3 business days** of receiving your enrollments **and any required supporting documentation**, however, during high volume periods we may take a little longer to finalize all enrollments.

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 **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