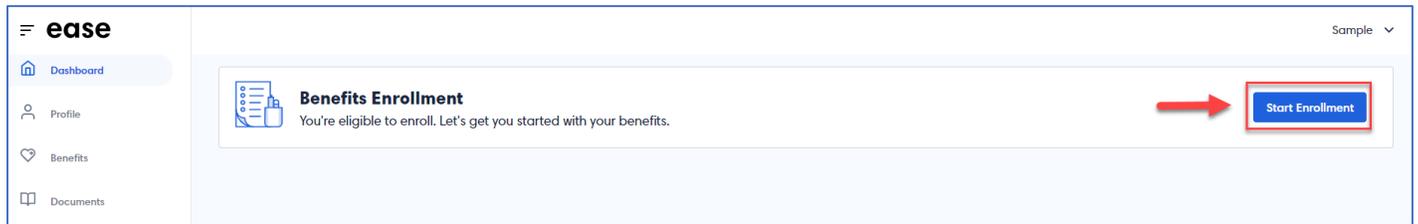


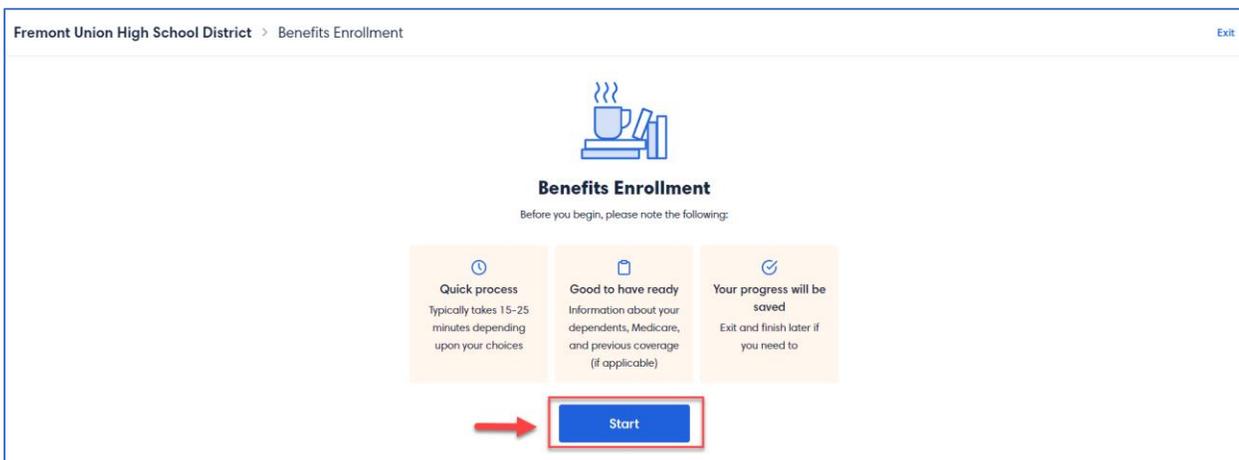
Ease – New Hire Enrollment

From your Dashboard

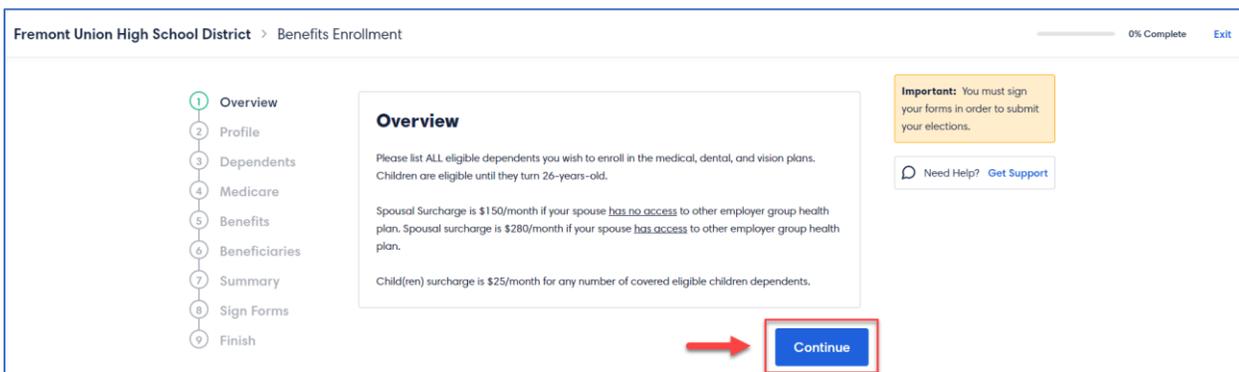
Click **Start Enrollment**.



Click **Start**.



Review the **Overview** message. Click **Continue**.



Ease – New Hire Enrollment

PROFILE

Enter your **Personal Information**.

- The fields marked with an * are required.

Click **Continue**.

Fremont Union High School District > Benefits Enrollment 13% Complete [Exit](#)

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Personal Information

First Name * Middle Name

Last Name *

Sex * Gender Identity

Birth Date *

SSN *

Marital Status *

Disabled? *

Important: You must sign your forms in order to submit your elections.

[Need Help?](#) [Get Support](#)

DEPENDENTS

If necessary, add your dependent(s).

To add a new dependent, click **Add**. Enter the dependent information and click **Add Dependent**.

Click **Continue**.

Fremont Union High School District > Benefits Enrollment 25% Complete [Exit](#)

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Dependents

If you have any dependents (e.g. spouse, domestic partner, children) please add them here. If you do not have any dependents please click 'Continue'.

Spouse Test
Spouse - 1/1/1980 [Edit](#)

Add a Dependent [Add](#)

[Continue](#)

[Need Help?](#) [Get Support](#)

Ease – New Hire Enrollment

BENEFITS

Specify Your Coverage

To enroll, select the **checkmark** for each eligible member.

Enrolled

To waive coverage, select the **X** for each desired member.

Waived

- Choose **Waive Reason**

Select Your Plan

Next, to select your desired plan, click **Select**. Click **Continue**.

Fremont Union High School District > Benefits Enrollment 50% Complete Exit

Important: You must sign your forms in order to submit your elections.

Benefits Summary

Employee Cost Per Pay Period (Monthly)

Medical	\$150.00
Cost	\$130.00
Health Savings Account	\$0.00

Medical Plan

You have 3 Health Plan Options:

- OPTION 1: Elect Medical, Dental, Vision, Life, and EAP (your enrolled dependents will also be enrolled on the same medical, dental, vision & EAP plan)
- OPTION 2: Elect Dental, Vision, Life, and EAP (your enrolled dependents will also be enrolled on the same dental, vision & EAP plan)
- OPTION 3: Waive ALL Health Benefits (waiving medical, dental, vision & life benefits)

Specify your coverage

Select Enrolled or Waived for each eligible member below.

Sample Test
Employee: Please Select

Spouse Test
Spouse: Please Select

Select your plan

The cost below is the employee cost deducted on a Per Pay Period (Monthly) basis.

Anthem BC of California

Anthem PPO 2022

Documents

- [Benefit Summary - Anthem PPO 2022-01](#)
- [SBC - Anthem PPO 2022-01](#)

IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT L...

[Show More](#)

\$25.00
Per Pay Period
Select

Kaiser Permanente

Kaiser HDHP 2022

Documents

- [SBC - Kaiser HDHP 2022-01](#)

\$25.00
Per Pay Period
Select

Repeat for all plan types.

Ease – New Hire Enrollment

Pre-Tax plans: If electing coverage, please enter your desired contribution.

Fremont Union High School District > Benefits Enrollment

50% Complete [Exit](#)

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- 5 Benefits**
 - Medical
 - Cost
 - Dental
 - Vision
 - Life/AD&D
 - Supplemental Life
 - Short Term Disability
 - Long Term Disability
 - FSA Health Care**
 - FSA Dependent Care
 - Transit
 - Parking
 - EAP
- 6 Beneficiaries
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FSA Health Care Plan

This account is used for medically necessary health care expenses not fully reimbursed by an insurance plan or any other source.

You can claim expenses incurred by you, your spouse or any of your eligible dependents (regardless of whether you or your dependents are covered under the medical plan offered by your employer).

If you are enrolled in the Anthem HDHP or Kaiser HDHP plan and you opt into the Health FSA, your Health FSA will deemed limited purpose. This means that you may not use your Health FSA for healthcare related expenses until you have paid \$1,400 (single coverage) or \$2,800 (family coverage) in healthcare expenses first. Once you have met the threshold, additional healthcare expenses may be reimbursed from the Health FSA. You may use the Health FSA for dental and vision expenses at any time.

Specify your coverage

Select Enrolled or Waived for each eligible member below.

Sample Test
Employee

Enrolled

Annual Contribution Details

Your Contribution *

\$0.00

Your annual contribution cannot exceed \$2,850. Deductions will be based off of 10 deduction periods.

You will have contributed \$0.00 to this plan by 1/1/2022.

Select your plan

The cost below is the employee cost deducted on a Per Pay Period (Monthly) basis.

Vita Companies

Health FSA 2022

Documents

-  [2022 Vita Flex FSA New Hire Guidelines](#)
-  [2022 Vita Flex FSA Plan Detail Sheet](#)

I have read and understand the Vita Flex Plan guidelines as outlined in the Summary Plan Description and I understand the restrictions that apply to eligible expense reimbursement requests. I und...

[Show More](#)

\$0.00

Per Pay Period

Selected

Benefits Summary

Employee Cost Per Pay Period (Monthly)

Medical	\$150.00
Cost	\$130.00
Dental	\$0.00
Vision	\$0.00
Life/AD&D	\$0.00
Supplemental Life	Waived
Short Term Disability	\$0.00
Long Term Disability	\$0.00
FSA Health Care	\$0.00

Total **\$280.00**
Per Pay Period (Monthly)

 Need Help? [Get Support](#)

The current election is effective 1/1/2022
The current election activity date is 1/1/2022

 [Continue](#)

Ease – New Hire Enrollment

BENEFICIARIES

Add your beneficiaries.

To add a new beneficiary, click **Add**. Enter the beneficiary information and click **Add Beneficiary**. Click **Continue**.

Fremont Union High School District > Benefits Enrollment 63% Complete [Exit](#)

[Need Help?](#) [Get Support](#)

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Beneficiaries

Specify your beneficiaries for each plan type below.

Your beneficiary can be the person or persons for whom you wish to provide financial protection in the event of your death.

You can name as many beneficiaries as you want, subject to the policy. The beneficiary to whom the proceeds go first is called the primary beneficiary (required). Secondary beneficiaries (optional) are entitled to the proceeds only if they survive both you and the primary beneficiary.

If you name multiple beneficiaries, you must also specify how much each beneficiary will receive. The totals of which must add up to 100%.

If you do not want to name an individual or entity as your beneficiary, you may prefer to name your estate or a trust as your beneficiary. The proceeds will then be distributed with your other assets according to your will if a valid, legal trust exists at the time of your death.

Life/AD&D Plan

Name	Primary (Required)	Secondary (Optional)
Spouse Test Spouse	<input type="text" value="100%"/>	<input type="text" value="0%"/>
Total Percentage	100%	0%

Add a Beneficiary →

→

SUMMARY

Review your **Benefit Summary**. Click **Continue**.

If missing information is noted, click to review as needed. Click **Continue**.

Fremont Union High School District > Benefits Enrollment 75% Complete [Exit](#)

[Need Help?](#) [Get Support](#)

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Benefit Summary

Review your benefit elections. If you need to make changes, click 'Edit'. Otherwise, click 'Continue' and sign your forms. You may also [print your summary](#).

The cost below is the employee cost deducted on a Per Pay Period (Monthly) basis.

Medical	\$150.00
Anthem BC of California	Per Pay Period (Monthly)
Anthem PPO	<input type="button" value="Edit"/>
Employee, Spouse	
Effective: 1/1/2022	

Important: You must sign your forms in order to submit your elections.

Ease – New Hire Enrollment

SIGN FORMS

Click **Sign Forms**.

Fremont Union High School District > Benefits Enrollment 88% Complete Exit

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Sign Forms

You are required to review and sign your forms before your information can be submitted. Click 'Sign Forms' below.


[Sign Forms](#)

Important: You must sign your forms in order to submit your elections.

[Need Help?](#) [Get Support](#)

Type your full name as it appears in **Create your signature**. Click **Next**.

< Back 4 signatures remaining (14 pages)

Create your signature

Start typing your full name as it appears below.

Sample Test

SHA-256 with RSA Encryption
I understand this is a legal representation of my signature.

[Next](#)

IMPORTANT: The purpose of complete several review each for accurately.

Please review the questions as asked on each form and make sure that the correct answer has been provided. While

FORMS easily nt that you completed

Using your mouse or touch screen, add a hand-drawn signature (some carriers require hand-drawn signatures). Click **Next**.

< Back 4 signatures remaining (14 pages)

Create your signature

Some carriers require a hand-drawn signature. Please draw your signature in the box below.

clear
x

SHA-256 with RSA Encryption
I understand this is a legal representation of my signature.

[Next](#)

IMPORTANT: The purpose of complete several review each for accurately.

Please review the questions as asked on each form and make sure that the correct answer has been provided. While

FORMS easily nt that you completed

Ease – New Hire Enrollment

Review forms for completeness and accuracy. Click **Next**.

< Back 4 signatures remaining (14 pages)

Review & Sign Forms

Please review all of the information presented for completeness and accuracy.

IMPORTANT: When you are ready, sign each section by tapping on the green signature prompts. If at any time you feel like you need to make changes, you can return by clicking 'Back' above. For additional help, please reach out to your HR administrator.

SHA-256 with RSA Encryption
I understand this is a legal requirement for my signature.

Next

FORMS

The purpose of this online system is to help you easily complete several different forms. It is important that you review each form to make sure that they are completed accurately.

Please review the questions as asked on each form and make sure that the correct answer has been provided. While

Tap each green signature prompt as they appear.

< Back 3 signatures remaining (14 pages)

I certify each Social Security number listed on this application is correct.

REQUIREMENT FOR BINDING ARBITRATION (Not applicable to Life and Disability coverage)

ALL DISPUTES BETWEEN YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY (ANTHEM), INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE, MUST BE RESOLVED BY BINDING ARBITRATION, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT AND THE DISPUTE CAN BE SUBMITTED TO BINDING ARBITRATION UNDER APPLICABLE FEDERAL AND STATE LAW, INCLUDING BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 require specified disclosures in this regard, including the following notice: *It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as permitted and provided by federal and California law, including but not limited to, the Patient Protection and Affordable Care Act, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. YOU AND ANTHEM AGREE TO BE BOUND BY THIS ARBITRATION PROVISION. YOU ACKNOWLEDGE THAT FOR DISPUTES THAT ARE SUBJECT TO ARBITRATION UNDER STATE OR FEDERAL LAW THE RIGHT TO A JURY TRIAL, THE RIGHT TO A BENCH TRIAL UNDER CALIFORNIA BUSINESS AND PROFESSIONS CODE SECTION 17200, AND/OR THE RIGHT TO ASSERT AND/OR PARTICIPATE IN A CLASS ACTION ARE ALL WAIVED BY YOU. Enforcement of this arbitration clause, including the waiver of class actions, shall be determined under the Federal Arbitration Act ("FAA"), including the FAA's preemptive effect on state law. By providing your "handwritten or electronic" signature below, you acknowledge that such signature is valid and binding.*

SIGN HERE :)

Applicant _____ Date (MM/DD/YY) _____

Once complete, click **Finish Signing**.

< Back 0 signatures remaining (14 pages)

IMPORTANT: CAREFULLY REVIEW YOUR FORMS

The purpose of this online system is to help you easily complete several different forms. It is important that you review each form to make sure that they are completed accurately.

Finish Signing

Ease – New Hire Enrollment

FINISH

You will see the message below once your enrollment is submitted.

Optional: add star rating and comments, then click **Submit Feedback**. Otherwise, click **Finish**.

Fremont Union High School District > Benefits Enrollment

100% Complete **Finish**

Need Help? Get Support

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9 **Finish**

Congratulations! Your enrollment elections have been submitted for review.

How was your enrollment experience?
★★★★★

Tell us about your experience

Submit Feedback

Click drop arrow next to name in upper right corner. Click **Logout**.

ease

Dashboard

Profile

Benefits

Documents

Medical

Dental

Vision

Sample

Sample Test

Settings

Help

Logout