EMPLOYEE OPEN ENROLLMENT HANDBOOK

CONTENTS

CSEBO

CSEBO

SELF-ENROLLMENT

LOGIN

To login to BeneTrac to make your open enrollment selections, please go to the following website:
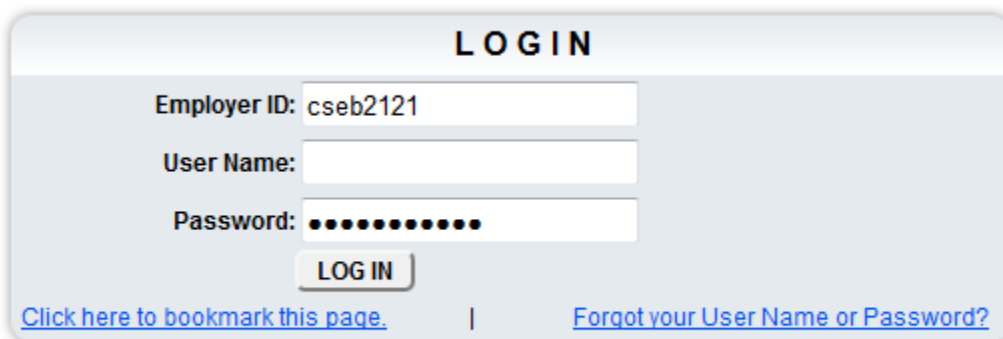
https://www.eenroller.net/btrac/broker.asp

Employer ID: CSEB2121

Username: VUSD username (if that does not work, please see **"Alternate Login"**)

Password: VUSD + lower first initial of your last name + last 4 SSN

>For example, if employee name is Enrollment Example, SSN 333-33-3336, the default password would be:

>>VUSDe3336

LOGIN

Employer ID:	cseb2121
User Name:	
Password:	••••••••••

LOG IN

Click here to bookmark this page. | Forgot your User Name or Password?

After a successful login, you will be prompted to change your password.

ALTERNATE LOGIN

If the standard login does not work, please use the following alternate login steps:

CSEBO

LOGIN

Employer ID: cseb2121

User Name:

Password:

LOG IN

Click here to bookmark this page. | Forgot your User Name or Password?

Click **"Forgot your User Name or Password?"** You will be taken to the following screen:

Alternate Employee Login

Please complete all fields then click the 'Submit' button below.

Once logged in, you will be prompted for a new password.

First Name:

Last Name:

Social Security Number:

Date of Birth: (mm/dd/yyyy)

Type the word shown below: What is this?

rainwork

SUBMIT

Please enter your full first and last name (as it appears on your benefits or payroll) in addition to your Social Security Number, date of birth (mm/dd/yyyy), and type in the word shown on the screen. You will then be prompted to enter a new password:

CSEBO

Password Change Required

To protect your privacy, we require that you change your password at this time. Please enter your new password below to proceed.

Password requirement: 8-32 characters and must contain 3 of the following: 1 uppercase, 1 lowercase, 1 number, or 1 special character (., @, -, _, !, #, $, :, ~) No more than 3 special characters are allowed.

New Password:	
Confirm New Password:	
Your User Name and Employer ID are listed below for future reference.	
Your User Name:	TEST
Your Employer ID:	CSEB2121

CANCEL   SUBMIT

DEMOGRAPHIC AND DEPENDENT CHANGES

Once a successful login is complete, you will be taken to the following screen:

LEGAL NOTICE: Please Read

Your User Name & Password is considered as your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you click "I AGREE" below, you are certifying that:

1. You understand that your benefit elections are legal and binding transactions.
2. You understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carrier or benefit provider.
3. You understand that during this process you will have the opportunity to view a summary illustrating the status of your benefit elections as represented by this system and that if you wish to obtain a copy of the statement in paper form, it is your responsibility to print the summary while using this system.

I DO NOT AGREE   I AGREE

Please click **"I AGREE"** followed by **"CONTINUE TO MY FAMILY"**

CSEBO

Proceed to Log Out

BENEFITS   Election Summary   Edit Family   Resource Library   News & Alerts

Your Personal Information)

News & Alerts

Notice
No news to report at this time.

CONTINUE TO MY FAMILY

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ADDRESS CHANGES

CSEBO

Your personal information will now be displayed:

Your Personal Information: Enrollment Example

Please review the information below. Add any family member you wish to enroll in your benefit offerings.

Employee

Name	SSN	Address	DOB	Gender	Contact	Approved
Enrollment Example	333-33-3336	1234 Main Street, Camarillo, CA 93012	1/1/1950	Male	✉	4/26/2016

Dependents | Add A Family Member | Add Spouse |

PROCEED TO MY BENEFITS »

If any of the displayed information is incorrect, please click on your name under the **"Employee"** subsection. You will be taken to the following page:

Your Personal Information ⟩

Edit Employee Information: Enrollment Example

*Required   UPDATE   CANCEL

Personal Information

* SSN:	333-33-3336	* First Name:	Enrollment
* Last Name:	Example	Middle Initial:	
* Birth Date:	1/1/1950	* Gender:	Male
Marital Status:	N/A	Marriage Date:	
User Name:	TEST	Password:	●●●●●●●●●●●●●●●●
		Confirm:	●●●●●●●●●●●●●●●●

☑ Update Spouse/Dependent address to match this one

Addr 1:	1234 Main Street	Addr 2:	
City:	Camarillo	State:	CA
Zip Code:	93012	Country:	
Phone:			
Work Phone:		E-mail:	test@test.com

UPDATE   CANCEL

Please update any incorrect information, then click **"Update"** to return to your family information.

ADD A SPOUSE

If you would like to add a spouse, please click **"Add Spouse"**:

CSEBO

You will be taken to the following screen. Please add all "*****" (asterisk) information:

Once completed, click **"UPDATE"** and you will be taken to the **"Your Personal Information"** screen.

ADD A DOMESTIC PARTNER

Complete the previous steps, but change the **"*Status"** to **"Domestic Partner":**

Once completed, click **"UPDATE"** and you will be taken to the **"Your Personal Information"** screen.

ADD A DEPENDENT

If you would like to add a dependent, please click **"Add a Family Member"**:

You will be taken to the following screen. Please add all **"*"** (asterisk) information:

CSEBO

Once completed, click **"UPDATE"** and you will be taken to the **"Your Personal Information"** screen.

DELETING A SPOUSE OR DEPENDENTS

If there are dependents on the **"Your Personal Information"** screen who should no longer be on your benefits, please do not click **"Delete."**

You will be able to remove the inactive spouse or dependent from your plan when changing your benefits in the subsequent steps.

REVIEW INFORMATION

If you find any of the information displayed on the **"Your Personal Information"** page is incorrect, please click on the spouse or dependent you would like to change and you will be taken to the **"Edit Spouse/Dependent Information"** page to correct:

Your Personal Information /

Edit Spouse Information: Spouse Example

*Required

[UPDATE] [CANCEL]

Personal Information

* SSN:	333-33-3322
* First Name:	Spouse
Middle Initial:	
* Last Name:	Example
* Birth Date:	1/1/1950
*Gender:	Female
*Status:	Spouse
Addr 1:	1234 Main Street
Addr 2:	
City:	Camarillo
State:	CA
Zip Code:	93012
Country:	

[UPDATE] [CANCEL]

Once completed, click **"UPDATE"** and you will be taken to the **"Your Personal Information"** screen.

RETURNING TO YOUR PERSONAL INFORMATION PAGE

If at any time you need to return to the **"Your Personal Information"** screen, simply click **"Edit Family"** at the top of the screen:

Proceed to Log Out

CSEBO

BENEFITS   Election Summary   **Edit Family**   Resource Library   **News & Alerts**

BENEFITS SUMMARY PAGE

Once you finish editing your spouse or dependent, please click **"PROCEED TO MY BENEFITS"**:

C S E B O

Your Personal Information: Enrollment Example

Please review the information below. Add any family member you wish to enroll in your benefit offerings.

Employee

Name	SSN	Address	DOB	Gender	Contact	Approved
Enrollment Example	333-33-3336	1234 Main Street, Camarillo, CA 93012	1/1/1950	Male	✉	8/2/2016

Dependents | Add A Family Member |

Name	SSN	Address	Status	DOB	Gender	Approved	Tasks
Spouse Example	333-33-3322	1234 Main Street, Camarillo, CA 93012	Spouse	1/1/1950	Female	8/2/2016	Delete
Dependent Example	333-33-3344	1234 Main Street, Camarillo, CA 93012	Dependent Child	1/1/2000	Female	Submitted	Delete	Undo Last Change

PROCEED TO MY BENEFITS »

You will then be taken to the following screen:

CSEBO

BENEFITS   Election Summary   Edit Family   Resource Library   News & Alerts   Proceed to Log Out

Benefits - Enrollment Example   Unfinalized

Actions
Edit Family
Admin Mode

Quick Links (12 total)
Medical
Dental
Vision
EE Assistance Program
Basic Life
Basic AD&D
Basic Life 2
Voluntary AD&D
Voluntary Employee Life
Voluntary Spouse Life

Costs
Total Cost of Elections: $0.00

Go to Review & Finalize

The Benefit Blocks below show your current status in each benefit. Use 'Manage Benefit' on each block to see choices available to you. If you wish to enroll members other than yourself in any benefit, click here to make those changes now.

IMPORTANT: If you are adding a new dependent you must enroll them in each applicable benefit block. Your dependent will not be enrolled without explicitly adding them to each benefit.

Medical   Kaiser Permanente HMO 10 Plan

Benefit Description | History | Enrollment Recap |

KAISER PERMANENTE.

Status: Active
Activity: 9/1/2016
Coverage: Employee + Family
Employer Cost:

MANAGE BENEFIT ⌄

Name	Type	Group Number	Provider	Action	Effective	Approved	Sent
Enrollment	EMP	228424 Kaiser HMO 10		Add	9/1/2016	Submitted	
Spouse	SPS	228424 Kaiser HMO 10		Add	9/1/2016	Submitted	
Dependent	DEP	228424 Kaiser HMO 10		Add	9/1/2016	Submitted	

To Top

Dental

MANAGE BENEFIT ⌄

To Top

ENROLLING IN A MEDICAL BENEFIT

CSEBO

To begin an open enrollment change, please click the **"MANAGE BENEFIT"** under the **"Medical"** block:

Choose **"Change or View Plan/Options"** to make an open enrollment change, or click **"Decline Benefit"** of you do not wish to receive the medical benefit:

ENROLLING A SPOUSE OR DEPENDENT(S) TO YOUR PLAN

To enroll a spouse or dependent(s) to your plan, check the box under **"Include"**:

REMOVING A SPOUSE AND/OR DEPENDENT(S) FROM YOUR PLAN

To remove a spouse or dependent(s) you do not wish to be on your plan, uncheck the box under **"Include"**:

The appropriate spouse or dependent(s) will then be removed from your benefits.

SWITCHING BETWEEN MEDICAL PLANS

Once you have clicked the spouse or dependent(s) you wish to be on your plan, please click **"CONTINUE >>"** to select your plan:

Manage Medical: Change or View Plan/Options

Choose Family Members Edit Family		
Name	**Type**	**Include**
Enrollment Example	Employee	☑
Spouse Example	Spouse	☑
Dependent Example	Dependent	☑

CANCEL << GO BACK CONTINUE >>

You will then see all medical plan options:

CSEBO 🛈 Proceed to Log Out

BENEFITS Election Summary Edit Family Resource Library News & Alerts

Manage Medical: Change or View Plan/Options

🛈 Select one of the plans listed below. Click the 'Continue' button at the bottom of the page when you are done.

Plan 1: Select plan: ☐

Anthem Blue Cross HMO 10 Plan

Anthem Blue Cross

Benefit Description Provider Directory

Employer Cost: [ ]

Additional provider details required upon selection of this plan

Plan 2: Select plan: ☐

Anthem Blue Cross PPO 90 Plan

Anthem Blue Cross

Benefit Description Provider Directory

Employer Cost: [ ]

Plan 3: Your current plan: ☑

Kaiser Permanente HMO 10 Plan

KAISER PERMANENTE

Benefit Description Provider Directory

Employer Cost: [ ]

CANCEL << GO BACK CONTINUE >>

The plan you are currently enrolled in will be highlighted and checked **"Your current plan."** To switch from the **"Kaiser Permanente HMO 10 Plan"** to the **"Anthem Blue Cross PPO 90 Plan"** plan, for example, click the box to the right of **"Select plan"**:

C S E B O

SELECTING YOUR PRIMARY CARE PHYSICIAN - ANTHEM HMO ENROLLMENTS

If you wish to select the Anthem HMO, you will be prompted to select a **"Medical Group/Physician":**

Please provide the information below **only** if you intend to select this product.

To select a Medical Group please enter the 3 character **Medical Group Code.**
OR
To select a Physician please enter the 6 character **Physician Code.**
If you do not know these codes please click the **Provider Directory** link above.
Use the PCP ID/Enrollment ID (Paper) to enter in the provider code.

If you do not wish to select a provider your insurance carrier will select one for you that is close to your home.

Family Member	Medical Group/Physician	Existing Patient
Enrollment		☐
Spouse	Same	☐
Dependent	Same	☐

Additional provider details required upon selection of this plan

To search for a list of in-network Medical Group/Physicians, please visit the following link: Anthem Provider Finder. Search with "Identification Number of Alpha Prefix" of: "NCF".

If you do not know this information at open enrollment, please leave these fields blank; Anthem will automatically assign you a Medical Group/Primary Care Physician. Please call Anthem's Customer Service after open enrollment for more information on choosing or changing a Medical Group/Primary Care Physician.

KEEPING WITH YOUR CURRENT PLAN

If you do not wish to make an open enrollment change and stick with your current plan, leave the box checked on **"Your current plan:"** and click **"CONTINUE >>"** at the bottom of the screen.

REVIEWING YOUR ENROLLMENT

After selecting your plan, you will be taken to the following screen to review your medical enrollment:

CSEBO

Your Personal Information) Benefits)

Manage Medical: Change or View Plan/Options

Carefully review the information below before finalizing	
Transaction Type:	Change Coverage
* **Event Date:**	10/1/2016
Comment:	Change or View Plan/Options
Transaction Date:	10/1/2016
Included:	**Enrollment Example** (Employee) **Spouse Example** (Spouse) **Dependent Example** (Dependent)
Product:	Anthem Blue Cross HSA 709 Plan
Group Number:	HSA 709 Ocean View 10thly / Certificated
Coverage Level:	Employee + Family
Employer Cost:	$

⚠ I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements.
DEDUCTION AUTHORIZATION: If applicable, I authorize my employer to deduct from my wages the required dues.
NON-PARTICIPATING PROVIDER: I understand that I am responsible for a greater portion of my medical costs when I use a non-participating provider.
HIV TESTING PROHIBITED: California law prohibits HIV tests from being required or used by health insurance companies as a condition of obtaining health insurance.
EFFECTIVE DATE: The effective date of coverage is subject to Anthem Blue Cross approval.
REQUIREMENT FOR BINDING ARBITRATION
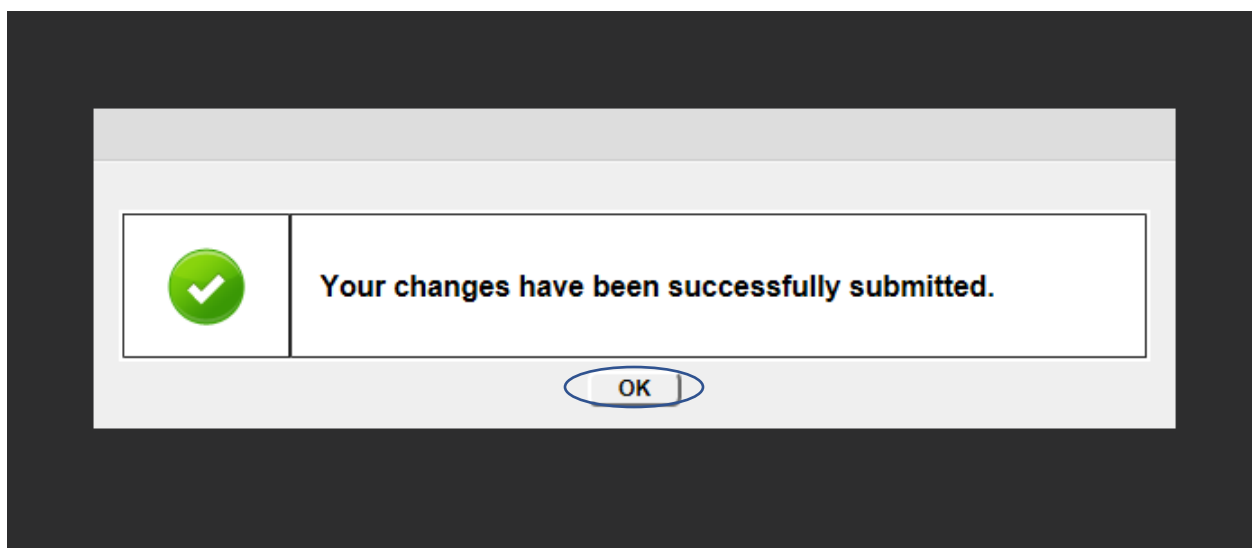The following provision does not apply to class actions:
IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT. *It is understood that any dispute including disputes relating to the delivery of services under the plan/policy or any other issues related to the plan/policy, including 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 provided by California law, 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.* THIS MEANS THAT YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY ARE WAIVING THE RIGHT TO A JURY TRIAL FOR BOTH MEDICAL MALPRACTICE CLAIMS, AND ANY OTHER DISPUTES INCLUDING DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY.

CANCEL   << GO BACK   I AGREE

Carefully review the information to ensure the appropriate spouse and dependent(s) are included in your enrollment. Once reviewed, click **"I AGREE"** at the bottom of the screen. You will then see the following message:

✅ **Your changes have been successfully submitted.**

OK

Please click **"OK."** You will then return to the **"Benefits"** screen, where you can review your enrollment once more to ensure accuracy:

CORRECTING ERRORS IN ENROLLMENT

If you find any errors in your enrollment, click on **"MANAGE BENEFIT"** and select from the following options:

- **"Change or View Plan/Options"** will redirect you to the **"Manage Medical"** screen (please refer to the **CHOOSING A SPOUSE AND/OR DEPENDENT(S) TO ENROLL** section for more information)
- **"Undo Last Action"** will undo any change you may have made during open enrollment. This will revert your enrollment back to how it was prior to open enrollment. To proceed, click **"OK"** in the dialog box.

ENROLLING IN A DENTAL BENEFIT

CSEBO

To make an open enrollment change to your dental benefit, please click the **"MANAGE BENEFIT"** under the **"Dental"** block:

Choose **"Change or View Plan/Options"** to make an open enrollment change, or click **"Decline Benefit"** if you do not wish to receive the dental benefit:

Please refer to the **CHOOSING A SPOUSE AND/OR DEPENDENT(S) TO ENROLL** section on page 13 for more information on updating or removing a spouse and/or dependent from your dental plan.

CHOOSING YOUR DENTAL PLAN

After updating your spouse/dependent(s), you will be taken to the following screen:

Click **"CONTINUE >>"** at the bottom of the screen. You will then be taken to the following screen:

CSEBO

Your Personal Information 〉 Benefits 〉

Manage Dental: Change or View Plan/Options

* Required

Carefully review the information below before finalizing	
Transaction Type:	Change Coverage
* Event Date:	10/1/2016
Comment:	Change or View Plan/Options
Transaction Date:	10/1/2016
Included:	**Enrollment Example** (Employee) **Spouse Example** (Spouse) **Dependent Example** (Dependent)
Product:	Delta Dental PPO Plan
Group Number:	1060 Dental PPO Ocean View 10thly
Coverage Level:	Employee + Family
Employer Cost:	

⚠ **I understand** that I may be required by the employer to pay for these benefits. I agree to continue membership in this program during employment and while program is in force and I agree to comply with the terms of the group contract. **Please note** that if you are making an election for retroactive coverage (i.e., electing on March 18 for coverage beginning March 1), any past contributions due between the date your coverage becomes effective and the date you actually elect coverage will be deducted from your next paycheck.

CANCEL   << GO BACK   I AGREE

Click **"I AGREE"** to proceed. Please refer to the **"REVIEWING YOUR ENROLLMENT"** on page 16 for more information on correcting errors in enrollment.

ENROLLING IN A VISION BENEFIT

To make an open enrollment change to your vision benefit, please click the **"MANAGE BENEFIT"** under the **"Vision"** block:

CSEBO

Choose **"Change or View Plan/Options"** to make an open enrollment change, or click **"Decline Benefit"** if you do not wish to receive the vision benefit:

Please refer to the **CHOOSING A SPOUSE AND/OR DEPENDENT(S) TO ENROLL** section on page 13 for more information on updating or removing a spouse and/or dependent from your vision plan.

SWITCHING BETWEEN VISION PLANS

After updating your spouse/dependent(s), you will be taken to the following screen:

The plan you are currently enrolled in will be highlighted and checked **"Your current plan."** For example, to switch from the **"VSP Vision Base Plan"** to the **"VSP Vision Buy-Up Plan"**, click the box to the right of **"Select plan":**

CSEBO

Your Personal Information) Benefits)

Manage Vision: Change or View Plan/Options

ⓘ   Select one of the plans listed below. Click the 'Continue' button at the bottom of the page when you are done.

Plan 1:	Your current plan: ☐

VSP Vision Base Plan

vsp

Contact your Benefits Administrator for description
Provider Directory

Employer Cost: [   ]

Plan 2:	Select plan: ☑

VSP Vision Buy-Up Plan

vsp

Contact your Benefits Administrator for description
Provider Directory

Employer Cost: [   ]

CANCEL   << GO BACK   CONTINUE >>

If you do not wish to make an open enrollment change and stick with your current plan, leave the box checked on **"Your current plan."** After you have made your plan selection, click **"CONTINUE >>"** to proceed with the enrollment. You will be taken to the following screen:

Your Personal Information) Benefits)

Manage Vision: Change or View Plan/Options

* Required

Carefully review the information below before finalizing

Transaction Type:	Change Coverage
* **Event Date:**	10/1/2016
Comment:	Change or View Plan/Options
Transaction Date:	10/1/2016
Included:	**Enrollment Example** (Employee)
	Spouse Example (Spouse)
	Dependent Example (Dependent)
Product:	VSP Vision Buy-Up Plan
Group Number:	30034532-0002-0002 Vision Buy-up [ ]
Coverage Level:	Employee + Family
Employer Cost:	[ ]

❗ VSP makes no representations about the suitability of this information for any purpose. I further authorize my employer to deduct from my earnings the contribution (if any) required toward the cost of this plan.

CANCEL   << GO BACK   I AGREE

CSEBO

Click **"I AGREE"** to proceed. Please refer to the **"REVIEWING YOUR ENROLLMENT"** on page 16 for more information on correcting errors in enrollment.

ENROLLING IN A VOLUNTARY LIFE AND/OR AD&D BENEFIT

To make an open enrollment change to your Voluntary Life and/or AD&D benefit through The Hartford, please click the **"MANAGE BENEFIT"** under the **"Voluntary Employee Life"** block and/or **"Voluntary AD&D"**:

Choose **"Change or View Plan/Options"** to make an open enrollment change, or click **"Decline Benefit"** if you do not wish to receive the Voluntary AD&D benefit:

CHANGING THE VOLUME OF VOLUNTARY LIFE AND/OR AD&D PLANS

After choosing **"Change or View Plan/Options"** you will be taken to the following screen:

Your Personal Information 〉 Benefits 〉

Manage Voluntary Employee Life: Change or View Plan/Options

ℹ Please review the information below. Click the 'Continue' button when you are done.

Plan 1:   Your current plan

Hartford Life Voluntary Life Plan

THE HARTFORD

Contact your Benefits Administrator for description

Employee Cost: $7.75 (Monthly)
Coverage Level: $10,000.00 ▼

CANCEL   << GO BACK   CONTINUE >>

Please select the appropriate **"Coverage Level"** (benefit amount) for you.

The appropriate tenthly deduction will be displayed in the **"Employee Cost"** and will be deducted from your paycheck. Please contact your District's Benefits Administrator for any additional questions regarding the plan.

Please note, if you opt for a volume above $100,000 for Voluntary Employee Life, or $50,000 for Voluntary Spouse Life, you will have to complete an Evidence of Insurability (EOI). The EOI will be issued directly to you from The Hartford.

If you do not wish to make an open enrollment change and stick with your current plan, leave the box checked on **"Your current plan."**

After you have made your plan selection, click **"CONTINUE >>"** to proceed with the enrollment.

CHOOSING OR CHANGING YOUR BENEFICIARIES

After selecting your appropriate plan, you will be taken to the following screen:

CSEBO

Your Personal Information 〉 Benefits 〉

Manage Voluntary AD&D: Change or View Plan/Options

Please select at least one primary beneficiary.

Click the 'Continue' button at the bottom of the page when you are done.

NOTE: Various federal and/or state laws and regulations may govern who you can designate as a beneficiary under your company's life insurance and/or other employee benefit plans. Prior to designating a beneficiary under any benefit plan, please consult with your company's benefit specialist and seek the advice of a legal professional to ensure compliance with all applicable laws.

Use Spouse

Primary Beneficiaries

Name/Trust	Relationship	*% of Benefit	SSN (Optional)	Full Address (Optional)
Spouse Example	Spouse	100		

⚠ *All Primary Beneficiaries must add up to 100%

Additional information about Primary Beneficiary (optional)

Use Spouse
If there is no Primary Beneficiary(ies) living after the death of the insured, I hereby specify the following Contingent Beneficiaries

Contingent Beneficiaries

Name/Trust	Relationship	*% of Benefit	SSN (Optional)	Full Address (Optional)
Spouse Example	Spouse	100		

A Primary Beneficiary is the person (or more than one person) or legal entity (more than one entity) who receives a benefit payment if you die while covered by the plans. A contingent beneficiary would receive your benefit if your primary beneficiary dies first.

To update your Primary or Contingent Beneficiaries, please type in the appropriate fields, **"Name/Trust"**, **"Relationship"**, **"% of Benefit"**, **"SSN (Optional)"** and **"Full Address (Optional).**" If you wish to use your spouse, simply click **"Use Spouse"** and the information will be automatically filled.

If you do not wish to update beneficiaries, leave this information blank and click **"CONTINUE >>"** to proceed to the next page. Please refer to your District contact for more information.

CHOOSING MULTIPLE PRIMARY OR CONTINGENT BENEFICIARIES

If you wish to select multiple Primary or Contingent Beneficiaries, please type in the appropriate fields. Please ensure the **"% of Benefit"** totals to 100%.

For example, if you wanted to add the spouse and dependent at 50% each, the information would be typed as follows:

Use Spouse

Primary Beneficiaries

Name/Trust	Relationship	*% of Benefit	SSN (Optional)	Full Address (Optional)
Spouse Example	Spouse	50		
Dependent Example	Daughter	50		

⚠ *All Primary Beneficiaries must add up to 100%

Additional information about Primary Beneficiary (optional)

Please repeat the same process for Contingent Beneficiaries.

If you do not wish to update Contingent Beneficiaries, leave this information blank and click **"CONTINUE >>"** to proceed to the next page.

REVIEWING YOUR ENROLLMENT

After selecting your plans/beneficiary(ies), you will be taken to the following screen to review your enrollment:

CSEBO

Your Personal Information 〉 Benefits 〉

Manage Voluntary AD&D: Change or View Plan/Options

* Required

Carefully review the information below before finalizing	
Transaction Type:	Change Coverage
* Event Date:	10/1/2016
Comment:	Change or View Plan/Options
Transaction Date:	10/1/2016
Included:	Enrollment Example (Employee)
Product:	Prudential Voluntary AD&D Plan (Family)
Group Number:	AG-42911-CAF Voluntary AD&D - Employee & Family
Coverage Level:	$250,000.00
Employer Cost:	$0.00 (Monthly)
Employee Cost:	$19.50 (Monthly)

⚠️ I apply for life insurance for myself and/or those dependents who are eligible for insurance. I understand that any insurance for myself and/or my dependent spouse in excess of the guaranteed issue amounts will not begin until such amounts are approved by the insurance carrier.
I permit my employer to deduct the monthly premium contribution from my earnings.
Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

CANCEL   << GO BACK   I AGREE

Please click **"I AGREE"** to proceed. Please refer to the **"REVIEWING YOUR ENROLLMENT"** on page 16 for more information on correcting errors in enrollment.

FINALIZING YOUR ENROLLMENT

After reviewing your enrollment, scroll down to the bottom of the **"Benefits"** page and select **"REVIEW & FINALIZE"**:

C S E B O

You will then be taken to the **"Review Your Benefit Elections"** page. After reviewing the information, please click **"AGREE TO ABOVE AND FINALIZE MY SELECTIONS"**:

(NOT FINALIZED)

Election Summary

Employee:	Example, Enrollment		**SSN:**
Address:	1234 Main Street		**Birth Date:**
	Camarillo, CA 93012		**Status:**

Benefits as of: 10/1/2016

Plan Elections Amounts shown are per (Monthly) pay period

Benefit Category	Plan Description	Coverage
Medical	Anthem Blue Cross HSA 709 Plan	Employee + Fam
Medical 2	Will be declined if finalized	Declined
Dental	Delta Dental PPO Plan	Employee + Fam
Dental 2	Will be declined if finalized	Declined
Vision	VSP Vision Buy-Up Plan	Employee + Fam
EE Assistance Program	Optum Employee Assistance Program	N/A
Voluntary AD&D	Prudential Voluntary AD&D Plan (Family)	$250,000.00
Supplemental Life	Will be declined if finalized	Declined

Summation Amounts shown are per (Monthly) pay period

Total out of pocket expense: $19.50

Family Members

Name	Relation	SSN	Birth Date	Medical
Spouse Example	Spouse	333-33-3322	1/1/1950	Y
Dependent Example	Dependent	333-33-3344	1/1/2000	Y

Primary Beneficiaries

Benefit	Name	Relationship	%
Voluntary AD&D	Spouse Example	Spouse	50
Voluntary AD&D	Dependent Example	Daughter	50

Contingent Beneficiaries

Benefit	Name	Relationship	%
Voluntary AD&D	Spouse Example	Spouse	100

I hereby certify that all the information entered is true and correct to the best of my knowledge. VCCCD reserves the right to rescind coverage should the information prove to be incomplete or inaccurate. I understand th currently declined or terminated benefits until the next open enrollment period, except for specified "Qualified Family Status Changes". I understand that I must notify my employer within 30 days if I experience a qualifyin

8/2/2016 6:14:14 PM

RETURN TO MY BENEFITS | LOG OUT | AGREE TO ABOVE AND FINALIZE MY SELECTIONS

You will then be taken to the **"Print Your Benefit Elections"** page:

Print Your Benefit Elections

Your elections have been finalized.

A printable summary of your elections is shown below.

RETURN TO MY BENEFITS | PRINT ELECTION SUMMARY | LOG OUT

Election Summary

Employee:	Example, Enrollment		**SSN:**
Address:	1234 Main Street		**Birth Date:**
	Camarillo, CA 93012		**Status:**

Benefits as of: 10/1/2016

Plan Elections Amounts shown are per (Monthly) pay period

Benefit Category	Plan Description	Coverage
Medical	Anthem Blue Cross HSA 709 Plan	Employee + Famil
Medical 2	Declined	Declined
Dental	Delta Dental PPO Plan	Employee + Famil
Dental 2	Declined	Declined
Vision	VSP Vision Buy-Up Plan	Employee + Famil
EE Assistance Program	Optum Employee Assistance Program	N/A
Voluntary AD&D	Prudential Voluntary AD&D Plan (Family)	$250,000.00
Supplemental Life	Declined	Declined

Summation Amounts shown are per (Monthly) pay period

Total out of pocket expense: $19.50

Family Members

Name	Relation	SSN	Birth Date	Medical
Spouse Example	Spouse	333-33-3322	1/1/1950	Y
Dependent Example	Dependent	333-33-3344	1/1/2000	Y

Primary Beneficiaries

Benefit	Name	Relationship	%
Voluntary AD&D	Spouse Example	Spouse	50
Voluntary AD&D	Dependent Example	Daughter	50

Contingent Beneficiaries

Benefit	Name	Relationship	%
Voluntary AD&D	Spouse Example	Spouse	100

I hereby certify that all the information entered is true and correct to the best of my knowledge. VCCCD reserves the right to rescind coverage should the information prove to be incomplete or inaccurate. I understand tha currently declined or terminated benefits until the next open enrollment period, except for specified "Qualified Family Status Changes". I understand that I must notify my employer within 30 days if I experience a qualifying

Your open enrollment elections are now finalized. Any changes made will be reviewed by your District administrator. Please select **"PRINT ELECTION SUMMARY"** to keep for your records. Please **"LOG OUT"** to complete.

EDITING ENROLLMENTS BEFORE FINALIZING

If you need to make additional changes, please click **"RETURN TO MY BENEFITS"** to return to the **"Benefits"** page.

If you need additional changes and do not wish to finalize your elections, please click **"LOG OUT"** and you can make additional changes before open enrollment closes.

CSEBO