# EMPLOYEE OPEN ENROLLMENT HANDBOOK

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# 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

	LO	GIN
Employer ID: cseb2121		
User Name:		
Password:	•••	
LOG IN		
Click here to bookmark this page.	1	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:



LOC	GIN
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     Once logged in, you will be pror	
First Name:	
Last Name:	
Social Security Number:	
Date of Birth:	(mm/dd/yyyy)
Type the word shown below:	What is this?
aint	NOM
	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:



	Password Change	Required
Please enter you Password requi uppercase, 1 low	r new password below to pro rement: 8-32 characters and	d must contain 3 of the following: 1 ial character ( ., @, -, _, !, #, \$, :, ~ )
New Password:		
Confirm New Password:		
Your User Name and Em	ployer ID are listed below f	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:
understand that your benefit elections are legal and binding transactions.
understand that all benefits are contingent upon your enrollment and acceptance by your HR representative and by your insurance carrier or benefit provider.
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 ment in paper form, it is your responsibility to print the summary while using this system.
ur

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

Proceed to Log Out News & Alerts	Resource Library	Edit Family	Election Summary	BENEFITS	CSEBO
					Your Personal Information ) News & Alerts
					Notice No news to report at this time.
NTINUE TO MY FAMILY	CO			16 Decetres®	Drivery Ballion   Consciption 4000
				16 BeneTrac®.	Privacy Policy   Copyright © 1999-

# ADDRESS CHANGES





Your personal information will now be displayed:

Your Personal Info	rmation: Enrollm	ent Example				
Please review the in	nformation below. Add a	ny family member you wish to enroll in your benefit off	ferings.			
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				<u>Add</u>	A Family Mem	ber   Add Spouse
				PROCEEI	) to my e	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:

equired				UPD	ATE CANCE
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 a	ddress to match this one				
	ddress to match this one 1234 Main Street		Addr 2:		
Addr 1:			Addr 2: State:	CA	Y
Addr 1:	1234 Main Street Camarillo			CA	V
Addr 1: City:	1234 Main Street Camarillo		State:	CA	Y

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":



Please review the i	information below. Add a	any family member you wish to enroll in your benefit off	erings.			
Employee						
Name Enroliment Example	SSN 333-33-3336	Address 1234 Main Street, Camarillo, CA 93012	DOB 1/1/1950	Gender Male	Contact	Approved 4/26/2016
Dependents				<u>Add /</u>	A Family Memb	De Add Spous
			_			

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

ersonal Information		
* SSN: 3333	33322	
* First Name: Spou	se	
Middle Initial:		
* Last Name: Exam	iple	
* Birth Date: 1/1/1	950	
*Gender: Fema	ale 🗸	
*Status: Spou	ise 🗸	
Addr 1: 1234	Main Street	
Addr 2:		
City: Cama	arillo	
State: CA	$\checkmark$	
Zip Code: 9301	2	
Country:		

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":



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

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":

Please review	the information b	elow. Add an	y family member you wish to enroll	in your benefit	offerings.				
Imployee									
Name		SSN	Addres	SS		DOB	Gender	Contact	Approve
nrollment Example	333-3	3-3336	1234 Main Street, Camarillo, CA	93012		1/1/1950	Male		4/26/2016
Dependents									Family Memb
Name	SSN		Address	Status	DOB	Gender	Approved	Т	asks
pouse Example	333-33-3322	1234 Main	Street, Camarillo, CA 93012	Spouse	1/1/1950	Female	Submitted	Delete Undo I	ast Change
poddo Example	000 00 0022	1204 110		opouoo		1 cindic	ousinited		

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



quired			UPDATE CAN
ersonal Informat	ion		
* SSN:	333333344		
* First Name:	Dependent		
Middle Initial:			
* Last Name:	Example		
* Birth Date:	1/1/2000		
*Gender:	Female	<b>v</b>	
*Status:	Dependent Child	<b>v</b>	
Student:		×	
	(Over 18 and Full-Time College or Univers	ity)	
Disabled:	No	▼	
	(Over 18 and Legally Disabled)		
Addr 1:	1234 Main Street		
Addr 2:			
City:	Camarillo		
State:	CA	~	
Zip Code:	93012		
Country:			

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."** 

Employee									
Name		SSN	Add	ress		DOB	Gender	Contact	Approve
Enrollment Example	333-33	-3336	1234 Main Street, Camarillo, C	CA 93012	1/1/	1950	Male	$\mathbf{M}$	4/26/2016
Dependents								Add	A Family Memb
Dependents Name	SSN		Address	Status	DOB	Gender	Approved		A Family Memb Tasks
•	SSN 333-33-3322	1234 Main	Address n Street, Camarillo, CA 93012	Status Spouse	DOB 1/1/1950	Gender Female	Approved Submitted		A Family Memb Tasks lo Last Change

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:



ersonal Information * SSN: 333-33-3322 Spouse Spouse Middle Initial * Last Name: Example table Th Date: Th/T/1950 Female * Gender: Female * Gender: Female * Gender: Spouse * Gender: I 234 Main Street Addr 1: 1234 Main Street Addr 2: Camarillo C C Camarillo C C Camarillo C C C C C C C C C C C C C C C C C C C	equired		UPDATE
First Name:SpouseMiddle Initial:Last Name:Example* Last Name:Example1/1/1950* Gender:Female* Gender:Spouse* Status:SpouseAddr 1:1234 Main StreetAddr 2:CamarilloCity:CamarilloStatus:SpouseZip Code:93012	ersonal Information		
Middle Initial:Last Name:Example* Birth Date:1/1/1950* Gender:Female* Gendar:Spouse* Status:SpouseAddr1:1234 Main StreetAddr2:CamarilloCity:CamarilloStatus:CAZip Code:93012	* SSN:	333-33-3322	
Last NameExample*Birth Date:1/1/1950*Gender:Female*Gender:Spouse*Status:Spouse*Addr1:1234 Main StreetAddr2:CamarilloCamarilloCamarilloState:CAZip Code:93012	* First Name:	Spouse	
* Birth Date:1/1/1950* Gender:Female* Gender:Spouse* Status:Spouse* Addr1:1234 Main StreetAddr2:CamarilloCity:CamarilloState:CAZip Code:93012			
*Gender:Female*Status:SpouseAddr1:1234 Main StreetAddr2:CamarilloState:CAZip Code:93012			
Status:SpouseAddr 1:1234 Main StreetAddr 2:CamarilloCamarilloState:CAZip Code:93012	* Birth Date:	1/1/1950	
Addr 1:     1234 Main Street       Addr 2:	*Gender:	Female 🗸	
Addr 2:City:CamarilloState:CAZip Code:93012	*Status:	Spouse 🗸	
City:     Camarillo       State:     CA       Zip Code:     93012	Addr 1:	1234 Main Street	
State:         CA         Image: Calification           Zip Code:         93012         Image: Calification         Image: Calification <td>Addr 2:</td> <td></td> <td></td>	Addr 2:		
Zip Code: 93012	City:	Camarillo	
	State:	CA	
Country:	Zip Code:	93012	
	Country:		
			UPDATE C.

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:



# BENEFITS SUMMARY PAGE

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



Please review t	he information be	low. Add any	family member you wish to en	roll in your benefit offerii	ngs.				
					_				
Employee									
Name		SSN	Ade	iress		DOB	Gender	Contact	Approve
Enroliment Example	333-33	-3336	1234 Main Street, Camarillo,	CA 93012	1/	1/1950	Male		8/2/2016
Dependents								Add	A Family Memb
Name	SSN		Address	Status	DOB	Gender	Approved		Tasks
Spouse Example	333-33-3322	1234 Main 8	Street, Camarillo, CA 93012	Spouse	1/1/1950	Female	8/2/2016	Delete	
Dependent Example	333-33-3344	1234 Main S	Street, Camarillo, CA 93012	Dependent Child	1/1/2000	Female	Submitted	Delete   Und	lo Last Chang

PROCEED TO MY BENEFITS »

# You will then be taken to the following screen:

enefits - Enrollment E	Example							Unfinalize
tions t Family min Mode	to you. If	you wish t	below show your current sta o enroll members other than are adding a new dependen	yourself in an	y benefit, <u>click he</u>	e <mark>re</mark> to make t	hose change	S NOW.
uick Links (12 total) edical			t explicitly adding them to eac		foil them in each	applicable b	enem block.	rour dependent win
<u>sion</u> Assistance Program								
Isic Life Isic AD&D	Medical	(aiser Pei	manente HMO 10 Plan			<u>Benefi</u>	t Description	History   Enrollment Rec
sic Life 2 luntary AD&D				us: Active ity: 9/1/2016		D.O.		
<u>luntary Employee Life</u> luntary Spouse Life	KAISER PERM	MANENTE.		ge: Employee	+ Family		ANAGE	BENEFII
osts	Name	Туре	Group Number		<u>Provider</u>		Effective	Approved Se
tal Cost of Elections: \$0.00	Enrollment	EMP SPS	228424 Kaiser HMO 10				9/1/2016	Submitted
o to Review & Finalize	Spouse Dependent	DEP	228424 Kaiser HMO 10 228424 Kaiser HMO 10				9/1/2016 9/1/2016	Submitted Submitted
	Dental							
						M	ANAGE	BENEFIT ≫

# ENROLLING IN A MEDICAL BENEFIT



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

	BENEI	113		Election Summar	y Edit Fan		ource Library	News & Alerts
Benefits - Enrollment E	Example							Unfinaliz
z <b>tions</b> i <u>it Family</u> Imin Mode	to you. If	you wish t	to enroll membe	ur current status in ea rs other than yourself ew dependent you mu	f in any benefit, <u>c</u>	<u>lick here</u> to m	ake those chang	es now.
<b>uick Links</b> (12 total) <u>edical</u> ental				g them to each benef		r each applica	Ible benefit block.	. Tour dependent win
rision E Assistance Program lasic Life	Medical K	(aiser Pei	rmanente HMO	10 Plan		<u> </u>	Benefit Description	History   Enrollment Re
asic AD&D								
asic AD&D asic Life 2 pluntary AD&D pluntary Employee Life pluntary Spouse Life	Kaiser Perm	IANENTE		Status:     Activity:       9/1     9/1       Coverage:     Em       Employer Cost:			MANAGE	BENEFIT 💝
isic Life 2 pluntary AD&D pluntary Employee Life pluntary Spouse Life	Name	Туре	Group Numbe	Activity: 9/1 Coverage: Em Employer Cost:	/2016		n Effective	Approved S
asic Life 2 pluntary AD&D pluntary Employee Life pluntary Spouse Life posts tal Cost of Elections: \$0.00			Group Numbe 228424 Kaise 228424 Kaise 228424 Kaise	Activity: 9/1 Coverage: Em Employer Cost: ar FMO 10 er HMO 10	/2016 ployee + Family	der Action Add Add Add		
isic Life 2 Juntary AD&D Juntary Employee Life Juntary Spouse Life Dists tal Cost of Elections: \$0.00	Name Enrollment Spouse	Type EMP SPS	228424 Kaise 228424 Kaise	Activity: 9/1 Coverage: Em Employer Cost: ar FMO 10 er HMO 10	/2016 ployee + Family	Add Add	n Effective 9/1/2016 9/1/2016	Approved S Submitted Submitted
asic Life 2 obuntary AD&D obuntary Employee Life obuntary Spouse Life	Name Enrollment Spouse	Type EMP SPS	228424 Kaise 228424 Kaise	Activity: 9/1 Coverage: Em Employer Cost: ar FMO 10 er HMO 10	/2016 ployee + Family	Add Add	n Effective 9/1/2016 9/1/2016	Approved S Submitted Submitted

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:

				B	enefit Description   <u>H</u>	listory   Enrollment Re
		Status	: Active			
		-	9/1/2016		MANAGE	BENEFIT 😒
KAISER PERM	AANENTE.	-	Employee + Family			
		Employer Cost			Change or View P	Plan/Options
Name	Туре	Group Numbe	er <u>Pr</u> e	ovider Act	Decline Benefit	
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

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ENROLLING A SPOUSE OR DEPENDENT(S) TO YOUR PLAN



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

Choose Family Members Edit Fam	<u>iily</u>	
Name	Туре	Include
Enrollment Example	Employee	$\checkmark$
Spouse Example	Spouse	$\checkmark$
Dependent Example	Dependent	<ul><li>✓</li></ul>

# 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"**:

Choose Family Members Edit Famil	Y	
Name	Туре	Include
Enrollment Example	Employee	×
Spouse Example	Spouse	
Dependent Example	Dependent	<b>v</b>

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:



Your Personal Information ) Benefits )

Manage Medical: Change or View Plan/Options

Choose Family Members Edit Family		
Name	Туре	Include
Enrollment Example	Employee	✓
Spouse Example	Spouse	$\checkmark$
Dependent Example	Dependent	<b>v</b>

CANCEL << GO BACK CONTINUE >> )

You will then see	all medical pla	n options:				
CSEBO	BENEFI	ſS	Election Summary	Edit Family	Resource Library	Proceed to Log Out
Your Personal Information ) Bene Manage Medical: Char		5				
i Select one of the plans	listed below. Click the 'Cor	tinue' button at the I	pottom of the page when yo	u are done.		
Plan 1:	Select plan:	Plan 2:	Select	plan: 🗌 🏼 🏼 Pla	an 3:	Your current plan:
Anthem Blue Cross	s HMO 10 Plan	Anthem	Blue Cross PPO 90 Pla	an	Kaiser Permanente	e HMO 10 Plan
Anther	m. 🧟	A	Anthem. 🙅		KAISER PERM	MANENTE.
Benefit Description P	Provider Directory	<u>Benefit De</u>	escription Provider Director	x III	Benefit Description P	rovider Directory
Employer Cost:		Employe	Cost:	]	Employer Cost:	
Additional provider details required	a upon selection of this plan					

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"**:



PRERI					G	-
USEDU	BENEFIT	S	Election Summary	Edit Family	Resource Library	News & Alerts
ur Personal Information ) E	<u>Benefits</u> )					
anage Medical: c	hange or View Plan/Options					
Select one of the pl	lans listed below. Click the 'Con	tinue' button at the I	bottom of the page when yo	ou are done.		
Plan 1:	Select plan:	Plan 2:	Selec	t plan: 🗹 🔵 P	'lan 3:	Your current plan:
	ross HMO 10 Plan		Blue Cross PPO 90 PI		Kaiser Permanente	
Anth	em. 💁	A	Anthem 🧟		KAISER PERN	IANENTE
Benefit Description	Provider Directory	<u>Benefit De</u>	escription Provider Directo	ny	Benefit Description P	rovider Directory
Employer Cost:		Employe	Cost	<b>,</b>	Employer Cost:	
Linployer Cost.		Employer			Employer Cost.	
Additional provider details req	uired upon selection of this plan					
					CANCEL << GO B	ACK CONTINUE

# 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":** 



intend to sele	ct this product.	
character Me OR To select a F Physician Co	t know these codes	er the 6 character
Provider Dire	PID/Enrollment ID (P	Paper) to enter in
Provider Dire Use the PCF the provider c	P ID/Enrollment ID (F ode. not wish to select rier will select one for	a provider your
Provider Dire Use the PCF the provider c If you do r insurance car	P ID/Enrollment ID (F ode. not wish to select rier will select one for	a provider your
Provider Dire Use the PCF the provider c If you do r insurance car to your home.	D/Enrollment ID (F ode. not wish to select rier will select one for	a provider your r you that is close
Provider Dire Use the PCF the provider c If you do r insurance car to your home. Family	P ID/Enrollment ID (F ode. not wish to select rier will select one for Medical	a provider your r you that is close Existing
Provider Dire Use the PCF the provider c If you do r insurance car to your home. Family Member	P ID/Enrollment ID (F ode. not wish to select rier will select one for Medical	a provider your r you that is close Existing Patient

To search for a list of in-network Medical Group/Physicians, please visit the following link: <u>Anthem Provider Finder</u>. 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:



#### Manage Medical: Change or View Plan/Options

Transaction Type:	
	Change Coverage
* Event Date:	10/1/2016
Comment:	Change or View Plan/Options
Transaction Date:	10/1/2016
	Enrollment Example (Employee)
Included:	Spouse Example (Spouse)
	Dependent Example (Dependent)
Product:	Anthem Blue Cross HSA 709 Plan
Group Number:	HSA 709 Ocean View 10thly / Certificated
5	Employee + Family
Employer Cost:	
insurance. EFFECTIVE DATE: The effective date of coverage is s	IV tests from being required or used by health insurance companies as a condition of obtaining health

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:

		I
<b>~</b>	Your changes have been successfully submitted.	
	ОК	



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

<u>Medical</u> Dental <u>/ision</u> EE Assistance Program		TANT: If	to enroll members othe you are adding a new out explicitly adding the	dependent you must			-		ill not
Basic Life Basic AD&D Basic Life 2 /oluntary AD&D	Medical	Anthem	Blue Cross PPO 90	Plan		Benefit De	escription   <u>Hist</u>	ory   Enrollment f	Recap
/oluntary Employee Life /oluntary Spouse Life Costs Fotal Cost of Elections: \$0.00	Anthe	m 🧟	Em	Status: Active Activity: 10/1/20 Coverage: Employ poloyer Cost:		MA	NAGE B	ENEFIT 🜫	:
	Name	Туре	Gi	oup Number	Provider	Action	Effective	Approved	Ser
Go to Review & Finalize	Enrollment	EMP	17509_2M023 PPO			Add	10/1/2017	Submitted	
	Spouse	SPS	17509_2M023 PPO			Add	10/1/2017	Submitted	
	Dependent	DEP	17509 2M023 PPO			Add	10/1/2017	Submitted	

#### CORRECTING ERRORS IN ENROLLMENT

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

Medical	Anthem I	Blue Cross PPO 90 I	Plan			Be	nefit D	escription   <u>Hist</u>	ory   Enrollment Recap
Anthe	m.👰			)17 /ee + Family			MA	NAGE B	ENEFIT ≈
	Blue Cross	Emj	bloyer Cost:			ſ	Chan	ge or View Plar	n/Options
Name	Туре	Gr	oup Number	<u> </u>	Provider	1	Declin	ne Benefit	
Enrollment	EMP	17509_2M023 PPO				A	Undo	Last Action	
Spouse	SPS	17509_2M023 PPO				Ac	a	10/1/2017	Supmitted
Dependent	DEP	17509_2M023 PPO				Ac	d	10/1/2017	Submitted

<u>To Top</u>

- "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



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

USEDU	BENE	FITS	E	lection Sun	nmary E	dit Family	Resourc	e Library	News & Aler	rts
<sup>(our Personal Information</sup> ) Benefits - Enrollment I	Example								Unfinali	ze
	Medical	Anthem I	Blue Cross PPO 90	Plan						
uick Links (12 total) edical							Benefit D	escription   His	tory   Enrollment R	Reca
ental				Status:	Active					_
lision		_		Activity:	10/1/2017		MA	NAGE		
E Assistance Program	Anthe	m 🤷	<b>F</b>		Employee + F	amily				
asic Life		Blue Dross	Em	ployer Cost:						
asic AD&D		_								
asic Life 2	Name	Туре		roup Numbe	r	Provid		Effective	Approved	Se
oluntary AD&D	Enrollment	EMP	17509_2M023 PPO				Add	10/1/2017	Submitted	
oluntary Employee Life	Spouse	SPS	17509_2M023 PPO				Add	10/1/2017	Submitted	
oluntary Spouse Life	Dependent	DEP	17509_2M023 PPO				Add	10/1/2017	Submitted	_
Costs										I
otal Cost of Elections: \$0.00	Dental D	alta Dont	al PPO Plan							
	Dental	ena Dem						His	tory   Enrollment R	Reca
to Review & Finalize				Status:	Activo					
				Activity:			M			T
	A DELTA D	ENTAL	Em	Coverage: ployer Cost:	Employee + F	amily				J
	Name	Туре	G	roup Numbe	r	Provid	er Action	Effective	Approved	S
	Enrollment	EMP	1162 Dental PPO				Add	9/1/2016	Submitted	
	Spouse	SPS	1162 Dental PPO				Add	9/1/2016	Submitted	
	Dependent	DEP	1162 Dental PPO				Add	9/1/2016	Submitted	

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:

							His	story   Enrollment F	Reca
			Status: Activ	ve					
			Activity: 9/1/2	2016			MANAGE E		
A DELTA D	ENTAI'		Coverage: Emp	oloyee + Family					
- DELIA D		Er	nployer Cost:						_
						C	hange or View Pla	an/Options	
Name	Туре	(	Group Number		Provider			an/Options	
	Type EMP	( 1162 Dental PPO			<u>Provider</u>		hange or View Pla ecline Benefit	an/Options	
Name Enrollment Spouse					<u>Provider</u>			an/Options Submitted	

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:

Please review the information below	w. Click the 'Continue' button when you a	ire done.	 
	Plan 1:	Your current plan	
		ental PPO Plan	
	Contact your Benefits Prov	s Administrator for description ider Directory	
	Employer Co	et·	
		St	

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



Your Personal Information ) Benefits )

*	_		
	Red	uire	d

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
	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:	
program is in force and I agree to comply with the terms of	ay for these benefits. I agree to continue membership in this program during employment and while of the group contract. Please note that if you are making an election for retroactive coverage (i.e., electing on ributions due between the date your coverage becomes effective and the date you actually elect coverage

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:



USLDU	BENI	EFIT	S	Election Summary	/ Edit Family	Resourc	e Library	News & Ale	er
Personal Information )								11.5	
efits - Enrollment E	Dependent	DEP	17500 20022 85	O Oxnard / Certificate	vd.	Add	10/1/2017	Unfina Submitted	
	Dependent	DLI	17505_2002511	O Oxnard / Certificate	50	Aud	10/1/2011	Submitted	
L'ala anna an									
Links (12 total)	Dental	Delta De	ental PPO Plan						
							His	tory   Enrollment	Re
sistance Program				Status: Activ	e				
life			_	Activity: 9/1/2		MA	ANAGE B		5
AD&D	A DELTA	DENTAI		Coverage: Empl Employer Cost:	oyee + Family				_
_ife 2	Name	Too			Desti	1 <b>0</b> -4 <sup>2</sup>	THE ALL	1	
ary AD&D	Name Enrollment	Ty EM		Group Number	Provi	der Action Add	Effective 9/1/2016	Approved Submitted	۲
ary Employee Life	Spouse	SPS				Add	9/1/2016	Submitted	
ary Spouse Life	Dependent	DEF				Add	9/1/2016	Submitted	
	<u> </u>								
Cost of Elections: \$0.00									
	Vision	/SP Vis	ion Base Plan						
Review & Finalize							His	tory   Enrollment	Re
				Status: Activ	e				/
		•		Activity: 9/1/2	016	( MA	ANAGE B		1
	VIC	0		Coverage: Empl Employer Cost:	oyee + Family				
	V5								
		-							
	Name Enrollment	Type EMP	30034532-0300-030	Group Number			dd 9/1/20		
	Spouse	SPS	30034532-0300-030				dd 9/1/20 dd 9/1/20		
		0.0	00004002-0000-000			1	311120	- Cabinitted	÷

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:

Vision \	VSP Vis	ion Base Plan					<u>History</u>	Enrollment R	lec
			Status: Activity: Coverage:			MAN	AGE BEI	NEFIT 💝	
Name	ρ	2	Employer Cost: Group Num	bor	Drovic	Decline B	r View Plan/O		
Enrollment	Type EMP	30034532-030	0-0300 Vision Base	Dei	PIOVIC	Add	9/1/2016	Submitted	T
Spouse	SPS	30034532-030	0-0300 Vision Base			Add	9/1/2016	Submitted	
Dependent	DEP	30034532-030	0-0300 Vision Base			Add	9/1/2016	Submitted	

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:

	ed below. Click the 'Continue' button at the bottom of	the page when you are done.			
Plan 1:	Your current plan:	Plan 2: Select plan:			
VSP	Vision Base Plan	VSP Vision Buy-Up Plan			
	vsp	vsp			
	efits Administrator for description Provider Directory	Contact your Benefits Administrator for description Provider Directory			
Employe	r Cost:	Employer Cost:			

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":



one of the plans listed below. Click the 'Continue' button at the bottom o	of the page when you are done.
Plan 1: Your current plan;	Plan 2:
VSP Vision Base Plan	VSP Vision Buy-Up Plan
vsp	vsp
Contact your Benefits Administrator for description Provider Directory	Contact your Benefits Administrator for description Provider Directory
Employer Cost:	Employer Cost

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:

CANCEL << GO BACK CONTINUE >>

equired Carefully review the information I	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 th any) required toward the cost of this pla	ne suitability of this information for any purpose. I further authorize my employer to deduct from my earnings the contribution in.

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"**:

									To
Voluntary A	AD&D								
							ANAGE	BENEFIT	Ð
Voluntary E	Employe	e Life	Hartford Life Volur	ntary Life Plan					<u>To</u>
						History	Change Benefici	iaries   <u>View Bene</u>	ficiaries
KUD			Status: Activity:	Active 10/1/2017		G	ANAGE	BENEFIT	
THE			Coverage: Employee Cost:	\$10,000.00 \$7.75 (Monthly)					2
HARTFORD			Group Number		Provider	Action	Effective	Approved	Sen
Name	Type						401410047	0.1.11.1	
	Type EMP	874102 V	oluntary Employee Li	fe		Add	10/1/2017	Submitted	

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:

Voluntary	Employ	ee Life	Hartford Life Volur	ntary Life Plan			
						Histo	ry   Change Beneficiaries   View Beneficiaries
			Status:				
Kuit			Activity:	10/1/2017			MANAGE BENEFIT 😂
X			Coverage:	\$10,000.00			
			Employee Cost:	\$7.75 (Monthly)	)		
HARTFORD							Add/Change Beneficiary
Name	Туре		Group Number		Provider	Acti	
Enrollment	EMP	874102 V	oluntary Employee Lif	fe		Add	Change or View Plan/Options
			0.0.1.0.1) 2.1.0.0.000 2.1				Decline Benefit
							<u>Booming Bonnen</u>
							Undo Last Action

#### 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:



lick the 'Continue' button when you a	re done.	
Plan 1:	Your current plan	
Hartford Life	Voluntary Life Plan	
THE		
Contact your Benefits	Administrator for description	
Employee Cost: \$7	75 (Monthly)	

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.

CANCEL << GO BACK CONTINUE >>

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:



Please select	at least one primary bene	eficiary.			
Click the 'Cont	inue' button at the bottor	m of the page whe	en you are done.		
employee ben		nating a beneficia	ry under any bene		iciary under your company's life insurance and/or other our company's benefit specialist and seek the advice of a
se Spouse					
Primary Benefi lame/Trust		t∥ of Dopofit	66N (Optional)	Full Address (Optional)	_
ouse Example	Relationship Spouse	100	SSN (Optional)	Full Address (Optional)	
All Primary E	eneficiaries must add up	to 100%			
ditional information a	bout Primary Beneficiary	(optional)			
				^	
				$\sim$	
se Spouse					

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

Spouse Example		% Of Benefit	SSN (Optional)	Full Address (Optional)
	Spouse	50		
Dependent Example	Daughter	50		

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:



Your Personal Information ) Benefits )

M	anage	Voluntary	AD&D:	Change or	View Pla	an/Options
---	-------	-----------	-------	-----------	----------	------------

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)				
in excess of the guaranteed issue amounts I permit my employer to deduct the monthly	nowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false of				

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"**:



					Proceed to Log O
CSEBO	BENEFITS	Election Summary	Edit Family	Resource Library	News & Alerts
Your Personal Information )					
Benefits - Enrollment E	xample				Unfinalized
	Enrollment EMP 874102	Voluntary Employee Life		Change 10/1/2017	Submitted
uick Links (12 total)					<u>T</u> C
dical	Voluntary Spouse Life				
ental sion E Assistance Program Isic Life Isic AD&D	The Manage Benefit options are base	ed on your selections in <u>Voluntary Em</u>	ployee Life.	MANAGE	BENEFIT ≈
<u>sic Life 2</u> <u>luntary AD&amp;D</u> luntary Employee Life					To
luntary Spouse Life	Voluntary Spouse AD&D	)			
	You must be enrolled in Voluntary	AD&D before having access to this	s benefit.		
tal Cost of Elections: \$77.50					T
	Voluntary Child Life				
o to Review & Finalize				MANAGE E	BENEFIT 💝
					To
	SUMMATION - Amounts per	r (Monthly) pay period			
	Total Cost of Elections:	\$77.50			
	Changes to your dental coverage	will be effective 10/1/2017.			& FINALIZE

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, Enrollm Address: 1234 Main Street				SSN Birth Date	
Camarillo, CA 93				Status	
Benefits as of: 10/1/2016					
Plan Elections Amounts shown are per (Mont	hly) pay period				
Benefit Category	Plan Description		Coverage		
Vedical	Anthem Blue Cross HS	Anthem Blue Cross HSA 709 Plan			
Medical 2	Will be declined if fin	Will be declined if finalized			
Dental	Delta Dental PPO Plan	Delta Dental PPO Plan			
Dental 2	Will be declined if fin	Will be declined if finalized			
√ision	VSP Vision Buy-Up Pla	VSP Vision Buy-Up Plan			
		Optum Employee Assistance Program			
EE Assistance Program	Optum Employee Assi	Statice Flograffi	Prudential Voluntary AD&D Plan (Family)		
-		-		\$250,000.00	
EE Assistance Program Voluntary AD&D Supplemental Life Summation Amounts shown are per (Monthly) p	Prudential Voluntary A Will be declined if fin	D&D Plan (Family) alized		\$250,000.00 Declined	
Voluntary AD&D Supplemental Life Summation Amounts shown are per (Monthly) p	Prudential Voluntary A Will be declined if fin	D&D Plan (Family) alized	)		
Voluntary AD&D Supplemental Life Summation Amounts shown are per (Monthly) p Family Members	Prudential Voluntary A Will be declined if fin ay period Total out of pocke	D&D Plan (Family) alized		Declined	
Voluntary AD&D Supplemental Life Summation Amounts shown are per (Monthly) p Family Members Name	Prudential Voluntary A Will be declined if fin vay period Total out of pocke Relation	D&D Plan (Family) alized tt expense: \$19.50 SSN	Birth Date	Declined	
Voluntary AD&D Supplemental Life aummation Amounts shown are per (Monthly) p amily Members Vame Spouse Example	Prudential Voluntary A Will be declined if fin vay period Total out of pocke Relation Spouse	D&D Plan (Family) alized		Declined	
Voluntary AD&D Supplemental Life Summation Amounts shown are per (Monthly) p Family Members Name Spouse Example Dependent Example	Prudential Voluntary A Will be declined if fin vay period Total out of pocke Relation	D&D Plan (Family) alized tt expense: \$19.50 \$\$N 333-33-3322	Birth Date 1/1/1950	Declined Medical Y	
Voluntary AD&D Supplemental Life Summation Amounts shown are per (Monthly) p Tamily Members Name Spouse Example	Prudential Voluntary A Will be declined if fin vay period Total out of pocke Relation Spouse	D&D Plan (Family) alized tt expense: \$19.50 \$\$N 333-33-3322	Birth Date 1/1/1950	Declined Medical Y	
Voluntary AD&D Supplemental Life Summation Amounts shown are per (Monthly) p Family Members Name Spouse Example Dependent Example Frimary Beneficiaries Benefit Voluntary AD&D	Prudential Voluntary A Will be declined if fin tay period Total out of pock Relation Spouse Dependent Name Spouse Example	D&D Plan (Family) alized tt expense: \$19.50 \$\$N 333-33-3322	Birth Date 1/1/1950 1/1/2000 Relationship Spouse	Declined Medical Y Y	
Voluntary AD&D Supplemental Life Summation Amounts shown are per (Monthly) p family Members Name Spouse Example Dependent Example Primary Beneficiaries Benefit Voluntary AD&D Voluntary AD&D	Prudential Voluntary A Will be declined if fin Total out of pocket Relation Spouse Dependent Name	D&D Plan (Family) alized tt expense: \$19.50 \$\$N 333-33-3322	Birth Date 1/1/1950 1/1/2000 Relationship	Declined Medical Y Y	
Voluntary AD&D Supplemental Life Summation Amounts shown are per (Monthly) p Family Members Name Spouse Example Dependent Example Primary Beneficiaries	Prudential Voluntary A Will be declined if fin tay period Total out of pock Relation Spouse Dependent Name Spouse Example	D&D Plan (Family) alized tt expense: \$19.50 \$\$N 333-33-3322	Birth Date 1/1/1950 1/1/2000 Relationship Spouse	Declined Medical Y Y	

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

		Print Your Benefit Elections				
<ul> <li>Your elections have been finalized.</li> </ul>						
A printable summary of your elections is show	n below.					
RETURN TO MY BENEFITS PRINT ELECTION	SUMMARY LOG OUT					
Election Summary						
Employee: Example, Enrollme Address: 1234 Main Street Camarillo, CA 930	SSN: Birth Date: Status:					
Benefits as of: 10/1/2016						
Plan Elections Amounts shown are per (Monthl	y) pay period					
Benefit Category	Plan Description			Coverage		
Medical	Anthem Blue Cross HS	Anthem Blue Cross HSA 709 Plan				
Medical 2	Declined			Declined Employee + Famil		
Dental		Delta Dental PPO Plan				
Dental 2	Declined			Declined		
Vision	VSP Vision Buy-Up Plan			Employee + Famil		
EE Assistance Program		Optum Employee Assistance Program				
Voluntary AD&D		Prudential Voluntary AD&D Plan (Family)				
Supplemental Life	Declined	Declined				
Summation Amounts shown are per (Monthly) pa	y period					
	Total out of pocke	et expense: \$19.5	50			
Family Members	B-l-fi-					
Name	Relation	SSN	Birth Date 1/1/1950	Medical Y		
Spouse Example	Spouse	333-33-3322		Y		
Dependent Example	Dependent	333-33-3344	1/1/2000	Ŷ		
Primary Beneficiaries Benefit	Name		Delationahin	%		
Voluntary AD&D	Spouse Example		Relationship 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 that 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.

