

# Open Enrollment – Full Self-Service

## Overview

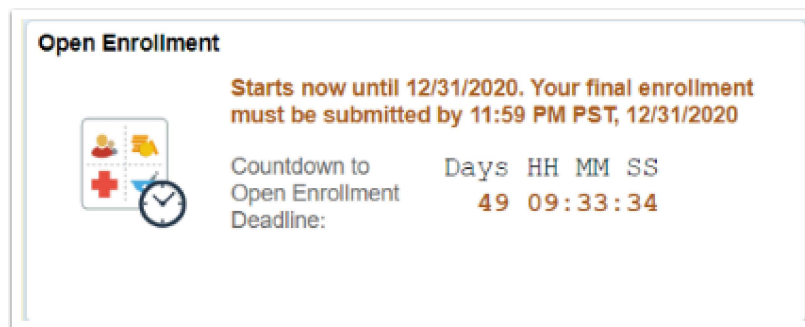
This job aid shows employees who have access to full employee self-service how to enroll in eBenefits during Open Enrollment.

## Before you start

This job aid shows you how to change your benefits. If you are satisfied with your current benefits, and your employment status is not changing, you do not need to participate in Open Enrollment. Your existing benefits will be renewed for the next year except for HCRA and DCRA, healthcare and dependent care reimbursement accounts, which must be re-enrolled each year).

## Start Open Enrollment

1. Click the CSU Open Enrollment tile on your Employee Self Service Homepage.



The Open Enrollment tile is only active during Open Enrollment.

2. If you see a Benefits Enrollment page, find the Open Enrollment event and then click Start.

Benefits Enrollment



After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change.

The Information Icon provides you with additional information about your enrollment.

The Select/Resume button next to an event means it is currently open for enrollment. Use the Select/Resume button to begin your enrollment.

Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

Your Benefit Events

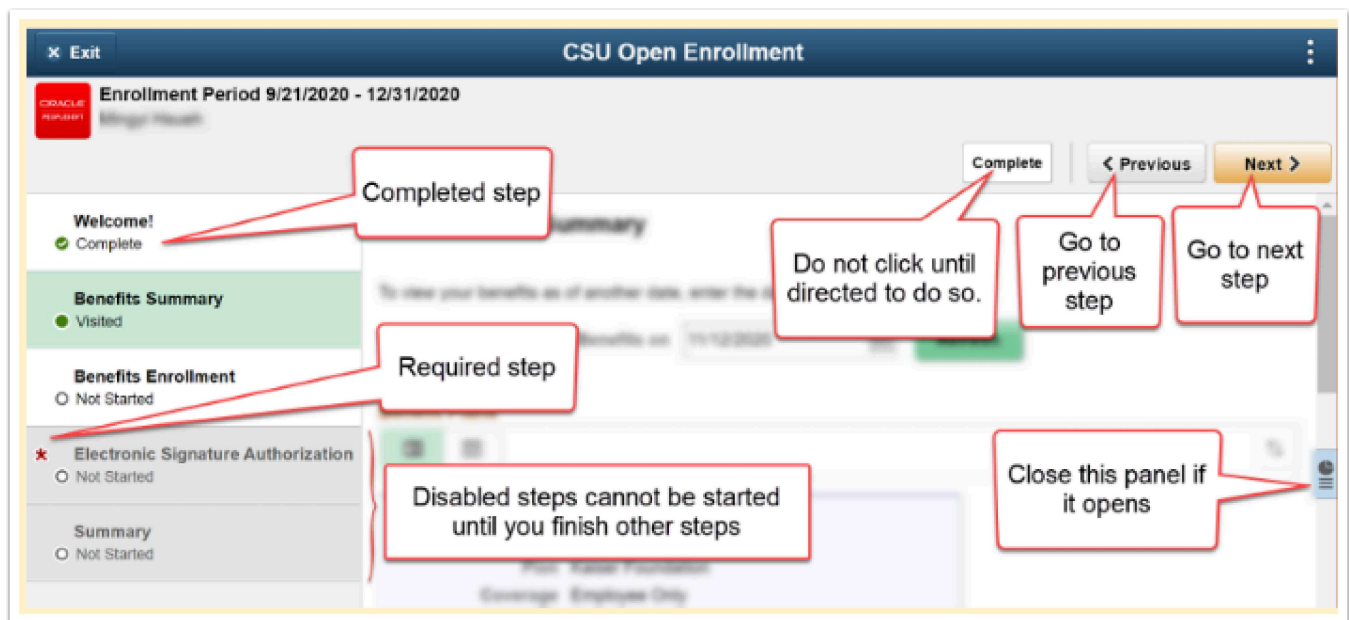
Event Description ▾		Event Date ▾	Event Status ▾	Job Title ▾	
Open Enrollment		01/01/2021	Open	Info Tech Consultant 12 Mo	

Whether or not you see this page depends on your history of using the eBenefits system. The CSU Open Enrollment activity guide opens.

Navigate Open Enrollment

An activity guide displays the pages that you need work with to complete your open enrollment event. The activity guide includes navigation buttons (Next and Previous) and a navigation pane to show where you are in the activity. The following table provides some general guidelines for moving through an open enrollment activity guide.

- Navigate through the activity guide by using the Next and Previous buttons.
- Do not skip steps.
- IMPORTANT: Do not click Complete until you reach the Summary step and are instructed to do so.



- Required steps are marked with an asterisk (\*).
- Complete all the steps of an activity guide in sequential order by clicking Next or Previous.
- Carefully read and follow instructions on every page.
- Close the supplementary panel if it opens and obscures the page.

## Welcome Page

1. Read the Welcome page.
- Read the Welcome page carefully.
  - Note the time limit on submitting this event.

**Enrollment Period 9/21/2020 - 6/1/2021**

**Welcome!**  
● Visited

**Benefits Summary**  
○ Not Started

**Benefits Enrollment**  
○ Not Started

★ **Electronic Signature Authorization**  
○ Not Started

**Summary**  
○ Not Started

**Task: Welcome!**

During Open Enrollment, you can enroll in, change or cancel the following benefit plans in eBenefits:

- CalPERS Health and Delta Dental
- Dependent Care Reimbursement Account (must re-enroll each year)
- Health Care Reimbursement Account (must re-enroll each year)
- Basic Vision and Vision Service Plan (VSP) Premier Plan enhancement. The Premier Plan can only be canceled during Open Enrollment after completing 12 months of enrollment.

**The effective date of coverage is January 1. If you missed the deadline to make changes during Open Enrollment, you must have a qualifying permitting event to enroll, or wait until the next Open Enrollment period to make changes.**

Contact your campus Benefits Office if you have questions.

This activity guide will take you through each step in order to complete your Open Enrollment changes. Use the **Next** button to go to the next step after you complete the current step. Once you click on the **Next** button, the **Previous** button appears. Use the **Previous** button to return to the previous step if needed. Click the **Next** button to begin your enrollment.

**Important:** Do not click on the **Complete** button until you reach the last step in the activity guide and are directed to click on the **Complete** button.

**Complete** **Next >**

The Welcome page is written specifically for a particular event type and provides information that you need to complete the life event.

2. Click Next.



## Benefits Summary

The Benefits Summary step shows your current benefit enrollments. Review this summary to help you decide what you want to change.

1. Review the information on the Benefits Summary page.

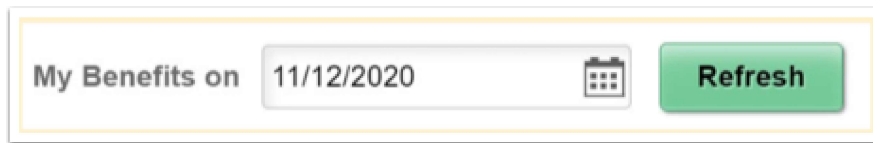



2. Optional: Click any of the tiles to review benefit details.

Click the X in the top right to close the benefit details page.



3. Optional: Change the date and then click Refresh.



My Benefits on 11/12/2020  

Use this feature to view your benefit enrollments on another date. For example, you can view upcoming changes that are not reflected in your current Benefits Summary.

4. Click Next.



## Benefits Enrollment

After you start enrollment, you can select benefits for yourself, add dependents, and enroll dependents in your benefits.

### A note about flex cash benefits

You cannot enroll in both medical plan and medical flex cash, nor can you enroll in both a dental plan and dental flex cash. Whichever option you choose, you must waive the conflicting option.

## Add Dependents

If you do not need to add new dependents, skip to [Benefit Enrollment: Medical, Dental, Vision](#).

If need to add new dependents, use these procedures:

Add Dependent Name and Personal Information

Update Dependent's Address

Add Dependent's National ID

Optional: Update Dependent's Phone

Optional: Update Dependent's Email

Save Dependent Information

## Eligible Dependents

The following list shows which dependents are eligible for benefits, and any additional requirements.

Dependent Type	Definition	Additional Requirements
<b>Adopted child</b>	Employee's legally adopted child	None
<b>Child</b>	Employee's biological child	None
<b>Domestic Partner Adult</b>	Lives with employee, not married	Domestic Partner Dependent Certification form required
<b>Domestic Partner Child</b>	Child of a domestic partner	None
<b>Recognized Child</b>	A child you have financial responsibility for who is not your biological, adopted, stepchild, or domestic partner's child.	Affidavit of Parent Child Relationship required
<b>Spouse</b>	Legal marriage partner	None
<b>Stepchild</b>	Child of legal marriage partner	None

**IMPORTANT:** Any dependent types that are not on this list cannot be added to your benefits plans.

## Add Dependent Name and Personal Information

1. On the Benefits Enrollment page, click the Medical tile to open enrollment options for that benefit.

**Medical**

Current No Coverage

New No Coverage

Status **Visited**

👤 0 Dependents

Pay Period Cost **\$0.00**

**Review**

The benefit enrollment page opens.

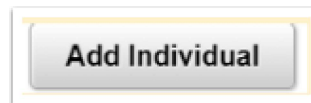
2. Click **Add/Update Dependent**.



3. Confirm that the dependent does not already exist in the system.

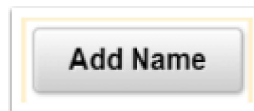
If the dependent is an ex-spouse or ex-domestic partner and needs to be changed back to spouse or domestic partner, contact your benefits office so they can make this update.

4. Click Add Individual.



The Add Individual Dependent/  
Beneficiary Information page opens.

5. Click Add Name.



6. Complete the required fields: - First name - Last name
7. Click Done.

The form is titled "Name" and has "Cancel" and "Done" buttons. It contains the following fields and values:

Name Format	English
Name Prefix	
*First Name	Veracity
Middle Name	Euripides
*Last Name	Charm
Name Suffix	
Display Name	Veracity Charm
Formal Name	Veracity Charm
Name	Charm, Veracity Euripides

The name must be the legal name (on the birth certificate) not the preferred name.

8. Confirm that the name is spelled correctly.

A small box titled "Name" containing the text "Veracity Charm".

Click the name to edit if it is incorrect.

9. Complete the Personal Information section:

- Date of Birth - Gender
- Relationship to Employee
- Marital Status
- Student
- Disabled
- As of dates

Personal Information

Date of Birth10/19/2004

\*GenderUnknown

\*Relationship to EmployeeChild

DependentYes

BeneficiaryYes

\*Marital StatusUnknown

\*StudentNo

\*DisabledNo

\*SmokerNon Smoker

As of10/19/2020

As of10/19/2020

As of10/19/2020

As of10/19/2020

- **Marital Status** is recommended, but not required.
- **Smoker** is not used.
- **As of** dates are the dates of the marital status, student, and disabled events.
- **Disabled:** if you set Disabled to Yes, you must submit Proof documents to your Benefits office.

10. Review the address information.

Address defaults to the employee’s address. If your dependent’s address is:

- Different from the employee’s address, go to Update Dependent’s address.
- The same as the employee’s address, skip to Add Dependent’s National ID.

## Update Dependent’s Address

Use this procedure to make corrections if your dependent’s address is different from the employee’s.

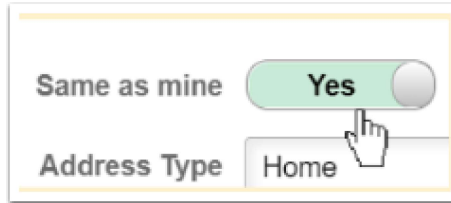
1. Click the row to correct.

Address

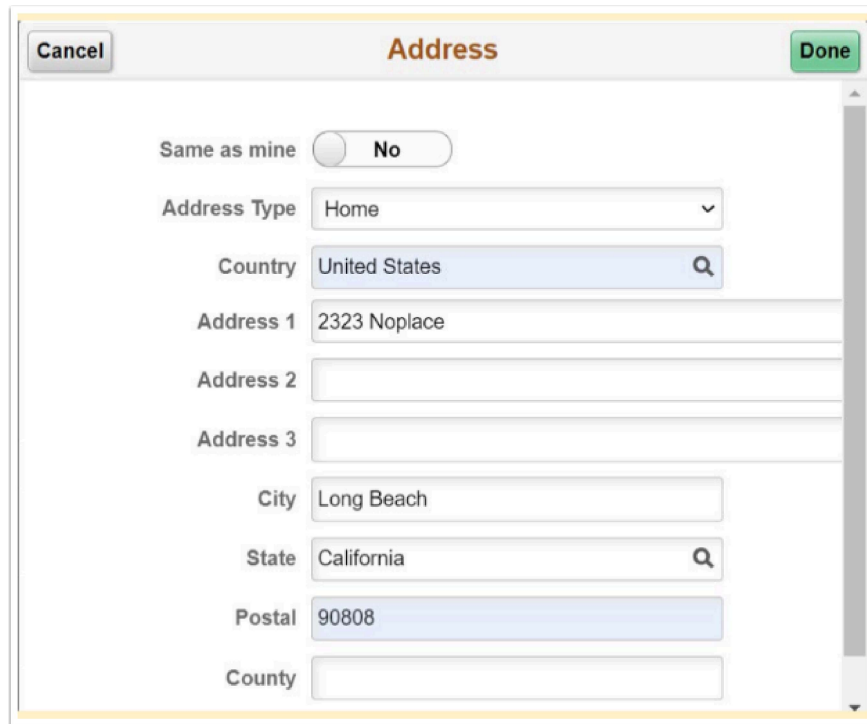
Address	Address Type	Same as mine
10000 Main St, Suite 1000, J Tustin, CA 92780	Home	Same as mine >

By default, your dependent's address is the same as the employee's.

2. Toggle the Same As Mine toggle to No.

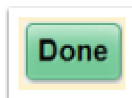


3. Complete the Address fields.



Address 1, Address 2 and Address 3 are all for one address (example: apartment number). Do not use these fields for multiple addresses.

4. Click Done.



The address is corrected.

## Add Dependent's National ID

Add National ID

2. Complete the National ID information.

Cancel
National ID
Done

\*Country

United States

\*National ID Type

Social Security Number

\*National ID

123456789

Primary

Yes

- Primary is always set to Yes.
- The system adds the dashes for you

3. Click Done.

Done

The national ID is entered.

## Optional: Update Dependent's Phone

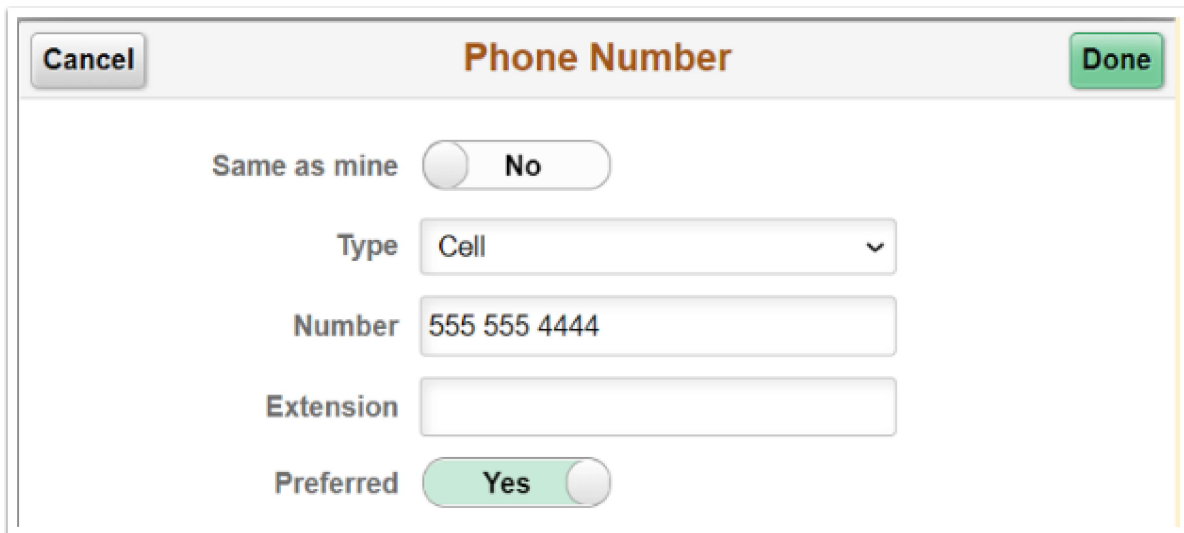
You can update the dependent's phone number to be the same as the employee's or enter a different number.

1. Click Add Phone.

Add Phone

2. Complete the Phone Number fields.





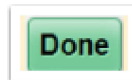
A dialog box titled "Phone Number" with a "Cancel" button on the left and a "Done" button on the right. The dialog contains the following fields and controls:

- Same as mine:** A toggle switch currently set to "No".
- Type:** A dropdown menu currently showing "Cell".
- Number:** A text input field containing "555 555 4444".
- Extension:** An empty text input field.
- Preferred:** A toggle switch currently set to "Yes".

If the dependent's phone number is the same as the employee's, toggle the Same as mine option to Yes.

You do not need to enter dashes or spaces: The system formats the phone number for you.

3. Click Done.



## Optional: Update Dependent's Email

1. Click Add Email.



2. Complete the email fields.

Cancel

Email Address

Done

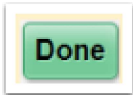
\*Email Type

Home

\*Email Address

vcharms@email.edu

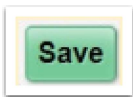
3. Click Done.



The email information is saved.

## Save Dependent Information

1. When you have completed entering dependent information, click **Save** at the top of the page.



Your dependent/beneficiary information is saved.

2. Close the Dependent and Beneficiary Information page.

Dependent and Beneficiary Information

×

Add Individual

Name	Relationship	Beneficiary	Dependent
Veracity Charm	Child	✓	✓

3. Check the box to enroll your dependent in each benefit.

Cancel

Medical

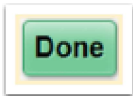
Done

Dependents	Relationship
<input checked="" type="checkbox"/> Veracity Euripides Charm	Child

Add/Update Dependent

Do not forget this step.

4. Click Done.



You return to the [Benefit Enrollment](#) page.

## Benefit Enrollment: Medical, Dental, Vision

Use this procedure if you want to change your Medical, Dental, and Vision benefits. These benefit options have similar page layouts and procedures. If you are enrolled in a medical or dental flex cash plan, first waive that option.

1. On the Benefits Enrollment page, click a tile to open enrollment options for that benefit.

Medical

Current

No Coverage

New

No Coverage

Status

Visited

0 Dependents

Pay Period Cost

\$0.00

Review

2. Enroll dependents as needed.

Dependents	Relationship
<input checked="" type="checkbox"/> Veracity Euripides Charm	Child

STOP: If you need to add a dependent that is not shown in the Dependents list, stop this procedure now and go to [Add Dependents](#). You can come back to this step after your dependents are added. If you have no more dependents, continue on to step 3.

3. Optional: Review your options.

A. Open the **ESS Handbook Medical** to see CSU Employee resources information on a separate browser tab. You can close this tab when you finish reading the information.

B. Click the Information icon for a short overview of benefit plan and costs.

C. Click Overview of All Plans to open a cost breakdown of all plans for comparison.

The CSU provides a choice of various medical insurance plans. CSU contracts with California Public Employees' Retirement System (CalPERS) for all of our medical plan options. The cost of the medical plan premiums are shared between the CSU and the employee. If you elect a medical plan, you are automatically enrolled in the Tax Advantage Premium Plan (TAPP) unless you opt out. This provides for payment of the required medical plan premiums on a pretax basis.

**Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

You have no dependent registered

**Enroll in Your Plan**

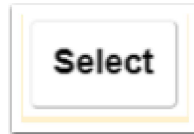
The Employee Only cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Before Tax Cost	After Tax Cost	Pay Period Cost
Select Waive			\$0.00
Select ANTHEM BLUE CROSS SELECT HMO	\$20.79		\$20.79
Select ANTHEM BLUE CROSS TRADITIONAL	\$348.75		\$348.75
Select BLUE SHIELD ACCESS+ CALIFORNIA	\$143.16		\$143.16
Select HEALTH NET SALUD Y MAS CA			\$0.00
Select HEALTH NET SMARTCARE CA	\$93.96		\$93.96
Select Kaiser PERMANENTE CALIFORNIA			\$0.00
Select PERS-Care	\$222.88		\$222.88
Select PERS-Choice	\$20.00		\$20.00
Select PERS-SELECT CALIFORNIA			\$0.00
Select UNITEDHEALTHCARE Alliance HMO			\$0.00

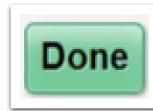
[Overview of All Plans](#)

- The costs on this page include the dependents that are enrolled.
- If you elected to see After Tax Costs, you can see both Before Tax plans and After Tax plans.
- If you want to see After Tax Cost plans, contact your Benefits office.

4. Select a benefit option.



5. Click Done.



6. Confirm that your benefit status is changed.

**Medical**

Current	BLUE SHIELD ACCESS+ CALIFORNIA
New	BLUE SHIELD ACCESS+ CALIFORNIA
Status	<span>✓ Changed</span>
	3 Dependents

Pay Period Cost **\$498.42**

**Review**

What to do next:

- Repeat this procedure if you need to change options for Dental or Vision plans.
- Optional: Enroll in Flex Spending benefits.
- Submit your enrollment options.

7. Manage Dental plan enrollment.

Repeat the procedure: [Benefit Enrollment: Medical, Dental, Vision](#) to enroll or remove dependents from your Dental plan.

- Note that you cannot waive your vision plan.

## Benefit Enrollment: Enroll in Dental Flex Cash Benefits

If you choose flex cash instead of a dental plan, use this procedure to enroll in Dental Flex Cash Benefits. If you are enrolled in a dental plan, you must first waive the dental plan by clicking the Dental tile and then selecting the Waive option.

1. On the Benefits Enrollment page, click a tile to open enrollment options for that benefit.

### Dental Flex Cash

Current No Coverage  
New No Coverage  
Status Visited  
0 Dependents

Pay Period Cost \$0.00

Review

2. Select an option.

Select

Flex Cash - Dental  
Employee Only

3. Click Done.

Done

4. Optional: Repeat if necessary.

Repeat this procedure for the other Flex Cash benefit if you want to enroll in that benefit.

## Benefit Enrollment: Enroll in Medical Flex Cash Benefit

If you choose flex cash instead of a medical plan, use this procedure to enroll in Medical Flex Cash Benefits. If you are enrolled in a medical plan, you must first waive the medical plan by clicking the Medical tile and then selecting the Waive option.

1. On the Benefits Enrollment page, click a tile to open enrollment options for that benefit.

### Medical Flex Cash

Current

No Coverage

New

No Coverage

Status

Visited

👤 0 Dependents

Pay Period Cost

\$0.00

Review

2. Select an option.

Select

Flex Cash - Medical Employee Only

Your select button changes to a check mark.

3. Click Done.

Done

## Benefit Enrollment: Enroll in Health Care reimbursement Account (HCRA)

1. On the Benefits Enrollment page, click a tile to open enrollment options for that benefit.

### Flex Spending Health - U.S.

Current

No Coverage

New

No Coverage

Status

Visited

Pay Period Cost

\$0.00

Review

2. Select an option.

Select

Health Care Flex Spending

3. Calculate contributions: A. Enter a number in the Annual Pledge field B. Click Flexible Spending Account Worksheet.

Annual Pledge

2000

A

Your annual pledge must not exceed \$2,700.00, which is the maximum amount allowed for this account in the current plan year. Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,550.00.

B

Flexible Spending Account Worksheet

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

The Flexible Spending Account Worksheet opens. Use the Worksheet to help you calculate your annual pledge based on the amount you will contribute from the remaining paychecks of the year.

4. Click Calculate.



Cancel

Flexible Spending Account Worksheet

Done

Estimate Contribution from

Annual Pledge

Your New Annual Pledge

2,000.00

Minus Your Year To Date Contributions

0.00

Divided by Pay Periods Remaining

12

Estimated Per Pay Period Contribution

0.00

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

5. Optional: Recalculate the contributions.

A. Change charge period.

B. Change Amount.

C. Click **Calculate**.

Cancel

Flexible Spending Account Worksheet

Done

Estimate Contribution from

Annual Pledge

Your New Annual Pledge

2,000.00

Minus Your Year To Date Contributions

0.00

Divided by Pay Periods Remaining

12

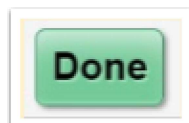
Estimated Per Pay Period Contribution

166.67

Calculate

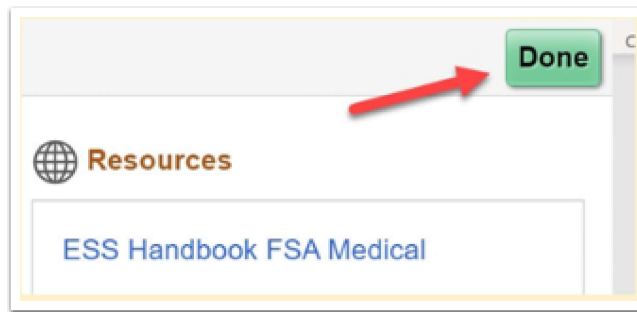
Select Calculate to recalculate the new annual pledge or estimated per pay period amount

6. When you are satisfied with the contribution, click Done.



Annual pledge calculation is completed.

7. Click **Done**.



Your flexible spending option is updated.

## Benefit Enrollment: Enroll in Dependent Care reimbursement Account (DCRA)

1. On the Benefits Enrollment page, click a tile to open enrollment options for that benefit.

A screenshot of a web application form titled 'Flex Spending Dependent Care'. The form has a light blue background. It displays the following information: 'Current No Coverage', 'New No Coverage', and 'Status Pending Review'. Below this, it shows 'Pay Period Cost \$0.00'. In the bottom right corner, there is a 'Review' button.

2. Select an option.

A screenshot of a web application tile. The tile has a light blue background and contains the text 'Dependent Care Flex Spending'. On the left side of the tile, there is a button labeled 'Select' which is highlighted by a red rectangular box.

3. Calculate contributions:
  - A. Enter a number in the Annual Pledge field
  - B. Click **Flexible Spending Account Worksheet**.

Annual Pledge  **A**

Your annual pledge must not exceed \$5,000.00, which is the maximum amount allowed for this account in the current plan year.  
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,550.00.

**B** **Flexible Spending Account Worksheet**

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Estimated Pay Period Cost \$166.67

The Flexible Spending Account Worksheet opens. Use the Worksheet to help you calculate your annual pledge based on the amount you will contribute from the remaining paychecks of the year.

4. Click **Calculate**.

**Flexible Spending Account Worksheet**

Cancel Done

Estimate Contribution from

Your New Annual Pledge

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 12

Estimated Per Pay Period Contribution 0.00

**Calculate**

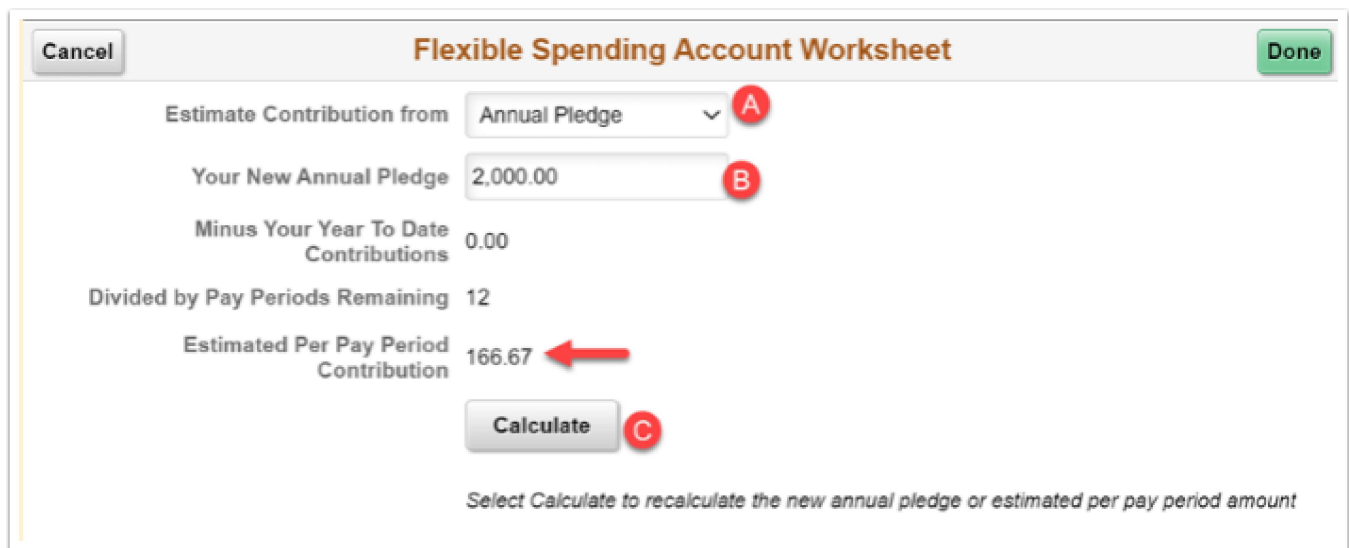
Select Calculate to recalculate the new annual pledge or estimated per pay period amount

5. Optional: Recalculate the contributions.

A. Change charge period.

B. Change Amount.

C. Click Calculate.

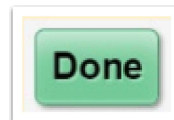


The screenshot shows a 'Flexible Spending Account Worksheet' window. It includes a 'Cancel' button on the top left and a 'Done' button on the top right. The main content area contains the following fields and values:

- 'Estimate Contribution from' with a dropdown menu set to 'Annual Pledge' (marked with a red circle A).
- 'Your New Annual Pledge' with a text input field containing '2,000.00' (marked with a red circle B).
- 'Minus Your Year To Date Contributions' with a text input field containing '0.00'.
- 'Divided by Pay Periods Remaining' with a text input field containing '12'.
- 'Estimated Per Pay Period Contribution' with a text input field containing '166.67' (indicated by a red arrow).
- A 'Calculate' button (marked with a red circle C) located below the 'Estimated Per Pay Period Contribution' field.

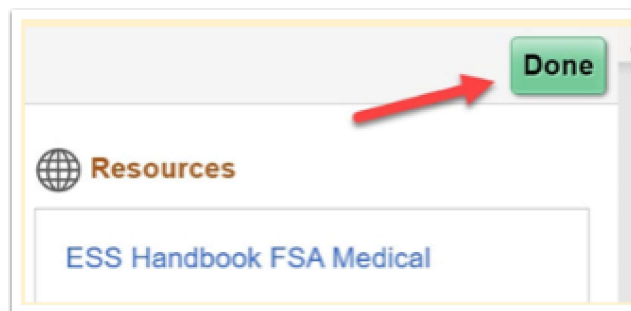
At the bottom of the window, there is a note: 'Select Calculate to recalculate the new annual pledge or estimated per pay period amount'.

6. When you are satisfied with the contributions, click **Done**.



Annual pledge calculation is completed.

7. Click Done.



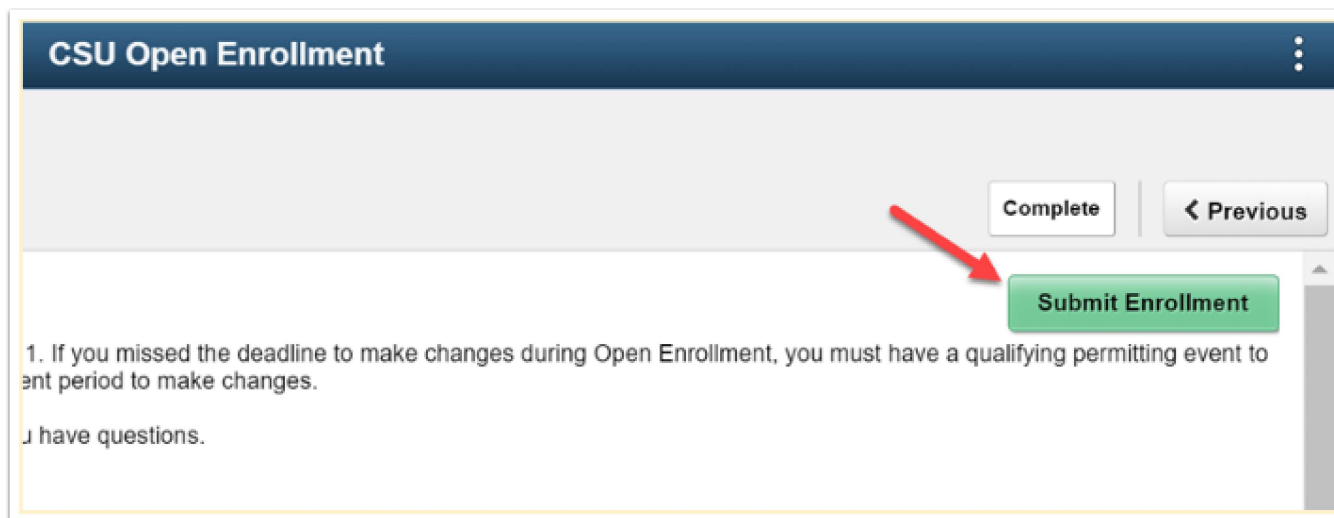
Your flexible spending option is updated.

## Benefit Enrollment: Submit Your Enrollment Options

1. Review your enrollment decisions.

Make sure you have selected all of the options you want. After you submit your options, you will not be able to change them.

2. Click **Submit Enrollment**.



**CSU Open Enrollment**

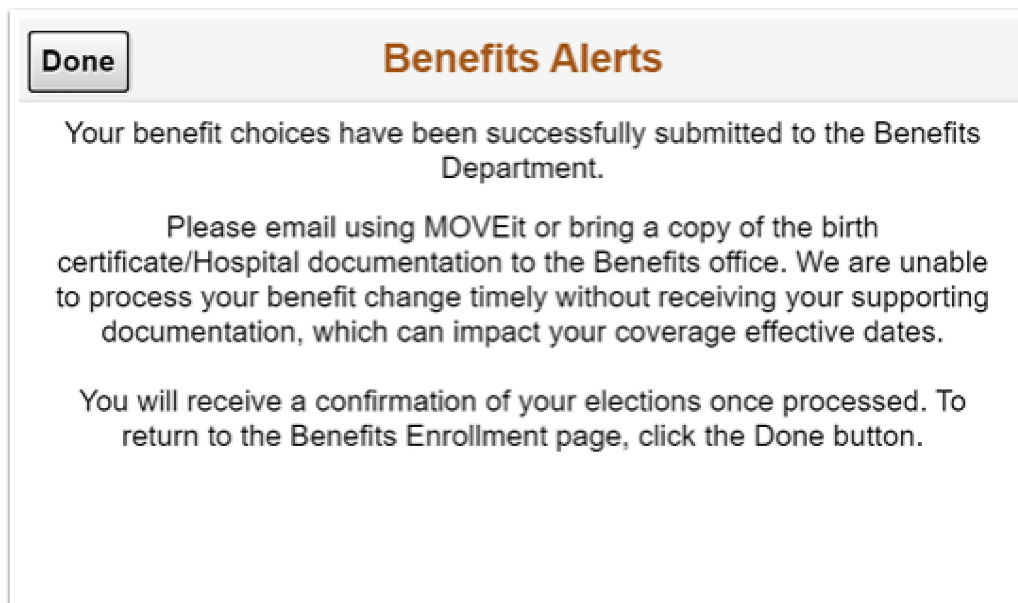
Complete | < Previous

**Submit Enrollment**

1. If you missed the deadline to make changes during Open Enrollment, you must have a qualifying permitting event to ent period to make changes. You have questions.

After the Benefits office has processed your Benefits enrollment, you will be able to print out a Benefits Confirmation Statement by using the Benefits Statement tile. Print this statement for your own records.

3. Read the Benefits Alerts, then click **Done**.



**Done** **Benefits Alerts**

Your benefit choices have been successfully submitted to the Benefits Department.

Please email using MOVEit or bring a copy of the birth certificate/Hospital documentation to the Benefits office. We are unable to process your benefit change timely without receiving your supporting documentation, which can impact your coverage effective dates.

You will receive a confirmation of your elections once processed. To return to the Benefits Enrollment page, click the Done button.

CSYOU provides more information about using [MOVEit](#).

4. Click Next to start the Electronic Signature Authorization activity.



**Next >**

## Authorize and complete Open Enrollment

1. Read the information carefully, then select the check box to electronically sign authorization form.

**Task: Electronic Signature Authorization**

I CERTIFY that the information provided herein (no change dependents are eligible family members as communicated Hospital Care Act (PEMHCA).

I AFFIRM I have reviewed and understand the Disclosures by my campus Benefits Office. I confirm will contact my ca understand my elections are saved until I return to complet

I AUTHORIZE the California State Controller's Office to tak

I AUTHORIZE the CSU to transmit personal information to

I agree that my user ID and password constitute my electrc Self-Service is electronically certifying my signature. I unde signature as much as I would be by my handwritten signatu that I will contact the CSU immediately upon discovery, if I compromised. I certify that my electronic signature is for m with any other individual.

☐ By selecting this checkbox, I agree to the above paragraph.

Save

Click the Disclosure and Privacy Notices link to review the Disclosure and Privacy information.

2. Click Save.



Authorization step is complete. The Summary activity is now available.

3. Click Next.



4. Complete the tasks on the Summary activity:

- A. Note the supporting documents that you need to send to the Benefits office.
- B. Click **Complete**.

CSU Open Enrollment

Enrollment Period 9/21/2020 - 12/31/2020  
Mingyi Hsueh

Complete < Previous

**Welcome!**  
Complete

**Benefits Summary**  
Complete

**Benefits Enrollment**  
Complete

**Electronic Signature Authorization**  
Complete

**Summary**  
Visited

**Task: Summary**

Please bring copies of your applicable supporting proof documentation, such as birth certificates, adoption certificates, marriage certificates and registered domestic partnership documentation to your Benefits Office for newly added dependents.

We are unable to process your benefit change timely without receiving your supporting documentation, which can impact your coverage effective dates.

You will receive a confirmation of your elections once processed.

You can return to this event before 11:59PM PST, 12/31/2020 by selecting the **Open Enrollment** tile on **Employee Self Service**. Once the open enrollment period ends, your elections will be validated and finalized. If you did not submit your elections, your enrollment will be based on the default options. Contact your Benefits Office if you have further questions.

If you have submitted your enrollment, review your elections on the **Benefits Statements** step after you click on the **Complete** button.

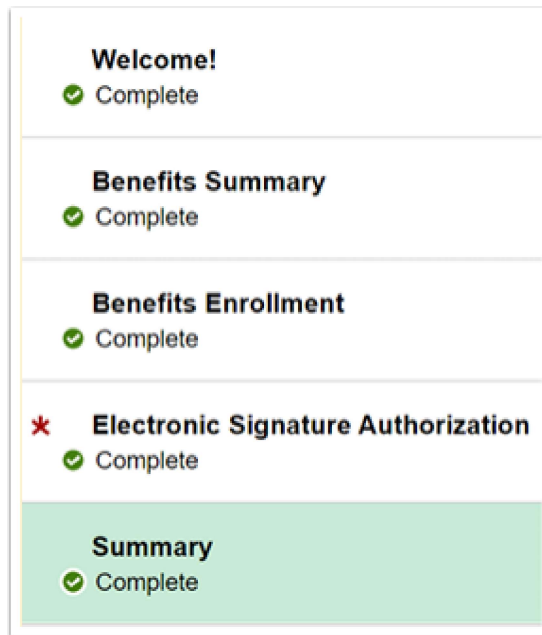
Keep a copy of your elections as a record. If you have not completed your elections, go to the **Benefits Enrollment** step and complete your elections.

5. Click Yes.

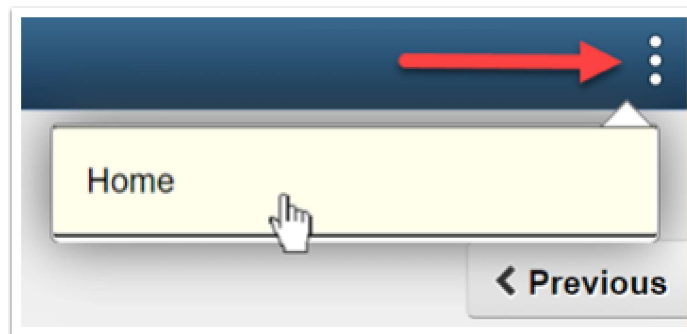
Are you sure you want to mark this action complete?

Yes No

6. Confirm that all Open Enrollment activities are complete.



7. Click the Actions button (3 dots) and then Home to return to the Home page.



8. Submit your documentation.

Your new benefits will not be processed until all applicable supporting documents are received.

## Print your Benefits Enrollment Preview

You can print your Benefits Enrollment Preview before your benefits are finalized.

1. Click the **Benefit Statements** tile on your Employee Self Service Homepage.





2. Select Enrollment Preview from the Statement Type menu.

Kermit Froggo

Info Tech Consultant 12 Mo

Benefits Statement

Statement Type 

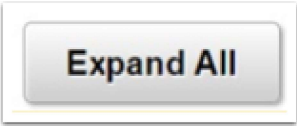
Enrollment Preview

You must select the statement type to view the statement.

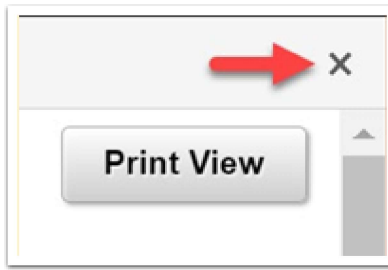
3. Click the statement row to open the statement.

Event Date	Issue Date	Enrollment Event	Statement Type
01/01/2021	11/16/2020	Fullerton OE2021	Enrollment Preview

4. Click **Expand All** to see the statement details.



5. Optional: click Print View to print a copy of the statement.



## Print your Benefits Confirmation Statement

Your Benefits Confirmation Statement is ready after your benefits are finalized and enrolled by a nightly process.

1. Click the Benefit Statements tile on your Employee Self Service Homepage.



2. Select Confirmation Statement from the Statement Type menu.

**New Hire For Training**  
Analyst/Programmer 12 Mo

**Benefits Statement**

Statement Type

Confirmation Statement ▼

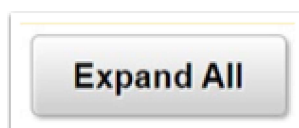
You must select the statement type to view the statement.

3. Click the statement row.

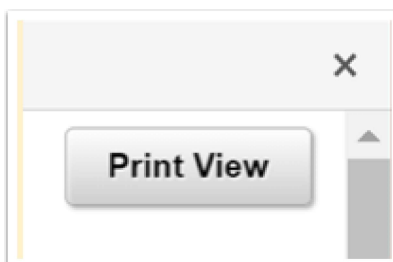
Event Date ▾	Issue Date ▾	Enrollment Event ▾	Statement Type ▾
11/01/2020	11/10/2020	Fullerton Event Maintenance	Confirmation Statement >

All your future statements will be shown here in addition to the current statement.

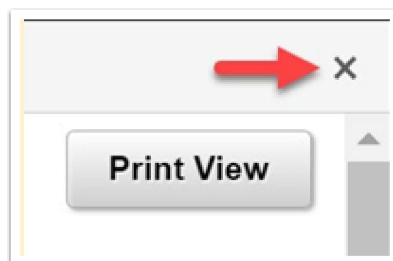
4. Click Expand All to see the statement details.



5. Optional: click Print View to print a copy of the statement.



6. Close the statement.



End of Article