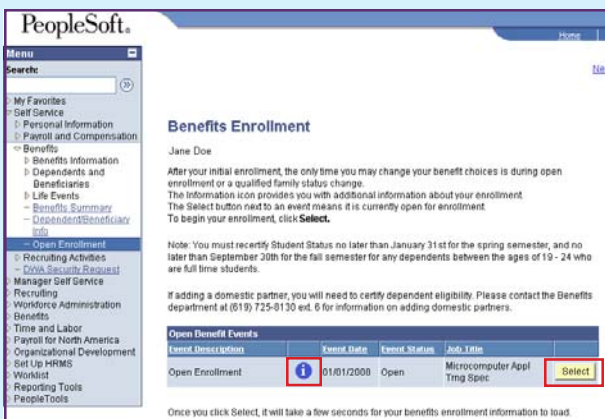
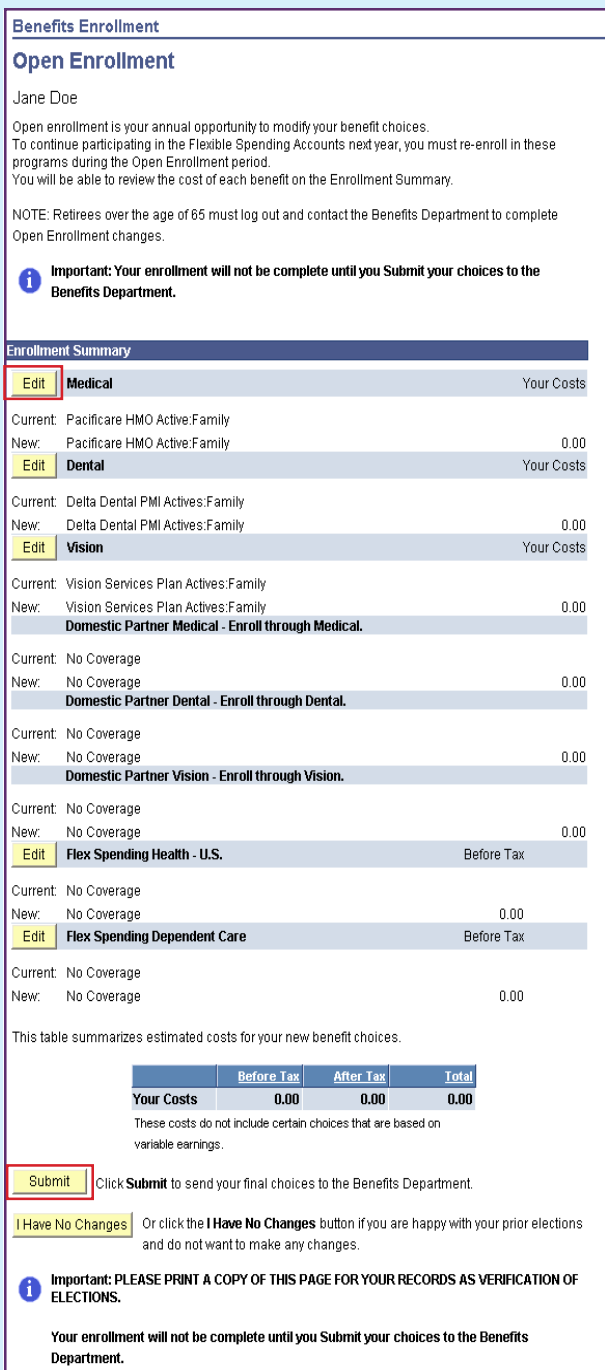


How to Enroll in Benefits



1. Navigate to: *Self Service > Benefits > Open Enrollment*
2. To begin the enrollment process, click the **Select** button.

NOTE: To read more information regarding the enrollment, click on the **Information Icon**



The **Enrollment Summary** page displays the benefit options that are eligible for updates. For each option available, eBenefits displays an **Edit** button next to the benefits that allow election changes.

3. Click the **Edit** button next to one of your enrollments. In this example, we will click the **Edit** button next to **Medical**.

NOTE: Clicking on the **Submit** button will submit and finalize elections. Employees should review all benefit options prior to clicking **Submit** on this page.

How to Enroll in Benefits

Benefits Enrollment

Medical

Jane Doe

i Important! Your current coverage is: **Pacificare HMO Active with Family coverage. You will continue with this coverage if you do not make a choice.**

Your enrollment on this page may affect your choices for the following type(s) of coverage:
Domestic Partner Medical

Complete your enrollment on this page before enrolling in the benefit plans listed above.

Select an Option

Here Are Your Available Options.

[Overview of all Plans](#)

Select one of the following plans:

Pacificare HMO Active [Search for providers in this plan](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Family	\$0.00	Before-Tax

Pacificare POS Active [Search for providers in this plan](#)

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Family	\$0.00	Before-Tax

Kaiser Active Full Coverage

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Family	\$0.00	Before-Tax

Pacificare PPO Active

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Family	\$0.00	Before-Tax

Waive

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, please contact the Benefits department at (619) 725-8130, option 6, for information on how to add or remove dependents.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Christine M Doe	Daughter

Choose a Primary Care Provider ID

Enrollment in this plan requires that you select a primary care provider. You must indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients.

Specify a Primary Care Enrollment ID#: [Select a Provider](#)

Check here if you have previously seen this provider.

Check here to use the same provider for all your dependents.

[Dependent Provider List](#)

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

NOTES:

◆ You can click the **Overview of all Plans** link to view all of your medical options.

◆ For Pacificare, you must choose a Primary Care Provider when enrolling in this plan for yourself and/or your dependents.
Enter the **Primary Care Provider ID** below.

◆ You can enroll your dependent(s) by clicking the check box next to the dependent's name.

4. Click the **Continue** button to store your choices.

◆ You can click the **Cancel** button to tell PeopleSoft to ignore all entries made on this page.

NOTE: If you need to add or remove a dependent from benefits, you would need to call the Benefit's Department at (619) 725-8130

How to Enroll in Benefits

Benefits Enrollment

Medical

Jane Doe

Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Your Choice

You have chosen Pacificare HMO Active with Family coverage.

Authorization/Agreement

I have read and understand the provision on the back of this form. I certify that the individual listed on this form meet my employer's eligibility requirements. I agree and understand that any and all disputes, including claims relating to the delivery of services under the plan and claims of medical malpractice (that is as to whether any medical services rendered under the health plan were unnecessary or unauthorized or were improperly, negligently or incompetently rendered), except for claims subject to ERISA. Between myself and my dependents enrolled in the plan (including any heirs or assigns) and Pacificare of California or any of its parents, subsidiaries or affiliates shall be determined by submission to binding arbitration. Any such dispute will not be resolved by a lawsuit or resort to court process, except as the federal arbitration act provides for judicial review of arbitration proceedings. All parties to this agreement are giving up their constitutional rights to have any such dispute decided in a court of law before a jury, and instead are accepting the use of binding arbitration

Accept Your Choice

Your Estimated per-pay-period Cost

Your Cost: \$0.00

The Primary Care Provider ID is 0148930016. You have seen this provider before.

Your Covered Dependents

Name	Relationship	Select a Provider	Previously Seen
Christine M Doe	Daughter	0148930016	<input checked="" type="checkbox"/>

Notes

Once submitted, this choice will take effect on 01/01/2008. Deductions and/or Credits for this choice will start with the pay period beginning 01/01/2008.

OK Click **OK** to store your choices.

Edit Click **Edit** to go back and change your choices.

5. After clicking **Continue** on the Medical or Dental pages, you will be presented with an Authorization/Agreement, which you must accept by clicking the check box.

6. Click the **OK** button to store your choices. (This action will return you to the main enrollment page where you may submit elections or continue making election changes.)

OR

You can click the **Edit** button to go back to change your choices.

7. Once all benefits that need enrollment changes have been entered, scroll to the bottom of the page and click on the **Submit** button to submit your choices.

Benefits Enrollment

Open Enrollment

Jane Doe

Open enrollment is your annual opportunity to modify your benefit choices. To continue participating in the Flexible Spending Accounts next year, you must re-enroll in these programs during the Open Enrollment period. You will be able to review the cost of each benefit on the Enrollment Summary.

NOTE: Retirees over the age of 65 must log out and contact the Benefits Department to complete Open Enrollment changes.

Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Enrollment Summary

Edit	Medical	Your Costs
	Current: Pacificare HMO Active:Family	
	New: Pacificare HMO Active:Family	0.00
Edit	Dental	Your Costs
	Current: Delta Dental PMI Actives:Family	
	New: Delta Dental PMI Actives:Family	0.00
Edit	Vision	Your Costs
	Current: Vision Services Plan Actives:Family	
	New: Vision Services Plan Actives:Family	0.00
	Domestic Partner Medical - Enroll through Medical.	
	Current: No Coverage	
	New: Waive	0.00
	Domestic Partner Dental - Enroll through Dental.	
	Current: No Coverage	
	New: No Coverage	0.00
	Domestic Partner Vision - Enroll through Vision.	
	Current: No Coverage	
	New: No Coverage	0.00
Edit	Flex Spending Health - U.S.	Before Tax
	Current: No Coverage	
	New: No Coverage	0.00
Edit	Flex Spending Dependent Care	Before Tax
	Current: No Coverage	
	New: No Coverage	0.00

This table summarizes estimated costs for your new benefit choices.

Your Costs	Before Tax	After Tax	Total
	0.00	0.00	0.00

These costs do not include certain choices that are based on variable earnings.

Submit Click **Submit** to send your final choices to the Benefits Department.

Important: PLEASE PRINT A COPY OF THIS PAGE FOR YOUR RECORDS AS VERIFICATION OF ELECTIONS.

Your enrollment will not be complete until you Submit your choices to the Benefits Department.

How to Enroll in Benefits

Benefits Enrollment

Submit Benefit Choices

Jane Doe

You have almost completed your enrollment. If you have no further changes, click **Submit** at the bottom of this page to finalize your benefit choices.

Cancel Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you click Submit your benefit choices will be sent to the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

Authorize Elections

By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

Submit Click **Submit** to send your final choices to the Benefits Department.

Cancel Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

8. Click on the **Submit** button to submit your choices.
9. Click on the **Cancel** button to cancel your submission.

After clicking Submit, the **Submit Confirmation** page appears telling you that your benefit choices have been successfully submitted to the Benefits Department.

Benefits Enrollment

Submit Confirmation

Jane Doe

Your benefit choices have been successfully submitted to the Benefits Department. Please confirm your benefit elections at the beginning of the year. You may use the Benefits Summary link in eBenefits to view your elections. For request changes made on-line during open enrollment, changes will not appear until after the first week of December. Requests made manually during open enrollment may not appear until late December.

To make additional changes, click **OK** to return to the benefits enrollment page. If satisfied with your changes, click **Sign-out** in the upper right corner of this page.

OK

10. Click on the **OK** button to return to the **Benefits Enrollment** page.