

Benefits Worksheet User Guide

Carefully read the instructions in CAPITAL LETTERS above each section before proceeding to the next section. The instructions on the worksheet will guide you to all applicable sections which require entry for your specific Enrollment Type/Event.

Note: You do not need to finish and submit the worksheet in one sitting. You can revisit and finish the worksheet at a later time. Please make sure to click on "save" prior to exiting the screen to save your work and click on "submit" to submit your worksheet once you're ready.

Section I. Employee Information

Enrollment Type:

- **New Enrollment:** new hires or newly benefits eligible employees.
- **Change Enrollment:** employees making a mid-year, IRS qualifying change such as adding a dependent (new baby or spouse) or removing dependents.
- **Open Enrollment:** employees making a change to their benefits during the open enrollment period. If this option is not visible to you, the open enrollment period has ended.

CalPERS/State Agency Questions:

- If you are not sure about how to respond to the CalPERS/State Agency questions, please contact your previous employer and ask them if they are considered a CalPERS/State Agency.

Note: You can use the TAB key on your keyboard to proceed through the form; the TAB key will move you to the next applicable area for your selected enrollment type. Caution: if you change your enrollment type, you will need to re-enter the information on the form.

Section II. Transaction Information

- New Enrollment: please proceed to section III to continue.
- Change Enrollment: please select the change (addition/deletion event) in enrollment by going to the dropdown menu.
- Once you have selected the event, please enter the event date.
 - Addition Events: To add a qualified dependent due to: birth, court order (judge ruling), custody change, domestic partnership, economically dependent child, employee and/or dependent(s) loss of coverage, marriage.
 - Event:
 - Birth of Child- birth certificate AND Social Security Card

- Court Order- adoption/custody court documents, birth certificate AND Social Security Card
 - Custody Change- custody court documents, birth certificate AND Social Security Card
 - Domestic Partnership- Declaration of Domestic Partnership, Social Security Card AND Proof of Residency.
 - Economically Dependent Child (PCR)- Affidavit of Parent-Child Relationship and documents listed on Section C of the Affidavit
 - Loss of Other Coverage- COBRA/HIPAA notification stating loss of coverage
 - Marriage- Marriage Certificate, Social Security Card AND Proof of Residency.
- Deletion Events: To remove a qualified dependent due to: death, divorce, domestic partnership termination, dependent gains state benefits (enrolling in their own right), dependent entering the military, employee and/or dependents gain of Non-CSU/alternative coverage, dependent(s) loss of economic dependency, dependent(s) moved out of household, employee optional delete.
 - Event:
 - Death- death certificate
 - Dependent Enrolling as State Employee- no documents required but employee must be removed from parent’s coverage first before enrolling in their own coverage
 - Divorce- divorce decree
 - Domestic Partnership Termination- Termination of Domestic Partnership
 - Entering Military Service- military documents showing when they entered and exited military
 - Gained Non-CSU/Alternative Coverage- copy of the medical/dental card listing the plan or group ID number
 - Loss of Economic Dependence- no documents required
 - Moved out of Household- no documents required
- Open Enrollment: please select the change you would like to make in the “enroll in plan” “cancel plan” or “add/delete dependent” tables.

Section III. Flexible Spending Accounts

- Select the account by checking the box next to it and enter the desired monthly amount. The amount must be within the minimum and maximum requirements.

Section IV. Medical Plans

- Select the health plan you would like to enroll in or add your dependent to.
- If adding dependent(s), you will only be able to enroll them in your current plan.
- If you are making a change during open enrollment, please select the new plan.

- If you currently have other Non-CSU employer sponsored group coverage, you can elect to waive CSU coverage in exchange for a monthly cash payment. Please leave the Medical Plans Section blank and proceed to Section VI. Flexcash Enrollment Information.

Section V. Dental Plans

- Select the dental plan you would like to enroll in or add your dependent to.
- If adding dependent(s), you will only be able to enroll them in your current plan.
- If you are making a change during open enrollment, please select the new plan.
- If you currently have other Non-CSU employer sponsored group coverage, you can elect to waive CSU coverage in exchange for a monthly cash payment. Please leave the Dental Plans section blank and proceed to Section VI. Flexcash Enrollment Information.

Section VI. FlexCash Enrollment Information

- Select the benefit (health and/or dental) you would like to waive and enter the details of your Non-CSU coverage.
- You MUST click on the checkbox at the bottom of section VI to verify that you have reviewed the regulations and guidelines to enroll in this benefit before proceeding.

Section VII. Dependent Information

- Answer the question(s) and add/delete each dependent.
- Review the Dependent Supporting Documentation List and attached all required documents for each dependent. **Dependents will not be added/deleted without the required documentation.**
- Example:
 - o Required documents to add spouse:
 - Marriage certificate AND
 - Social Security Card AND
 - Proof of residency
 - **All three documents are required**
 - o Required documents to add child:
 - Birth Certificate AND
 - Social Security Card
 - **Both documents are required.**
- Attaching a required document:
 - o Scan and save your document as a PDF document on your computer
 - o Select the document type
 - o Click on “add” and browse for your saved document
 - o Once you locate the file, click on “upload”
 - o Repeat the process for each required document

Section VIII. Enrollment

- Please select one option from this section regarding your health medical plan.
- Type in your name and date.
- Make one final review of your selections before submitting to ensure all information is correct and verify any required documents attached are showing.