# 2020 My-Self Serve Job Aid Employee Benefits

1.Go to www.fortbendisd.com



2. Click on the staff tab in the top right hand corner



### 3. Log in using your Fort Bend ISD credentials

User name is firstname.lastname@fortbendisd.com

If you have issues logging in, please contact 281-634-1300 (x41300) between the hours of 6:30 AM and 6:00 PM Monday-Friday



#### 4. Click Staff Links



### 5. Click My Self Serve

	at a l		☆	
mployee Por	Search across sites			
il			Publi	
S				
Support Portal erly CRM)	Absence Reporting	াৰণ্ডা Blackboard Connect	District Phone Directory	
nect	💥 Edgenuity	Eduphoria ( Open in Chrome or Firefox )	eLearning	
yee ID Lookup	ाक्षः Employee Benefits	Fundraiser Request Form	Laptop User Agreement	
je ursement	াজন My Self-Serve	Naviance	nine Textboo	

#### 6. Log into My Self Serve

Username: firstname.lastname

PEOPLESOFT	
User ID	
Password	
Select a Language	
English Enable Accessibility N Sign In Set Trace Flags	Node

#### 7. Click Benefit Details

ORACLE	▼ Employee Self Service	<b>^</b> (	રા	Ø
Personal Details	Time	Payroll		
		• (3) •		
		Last Pay Date 02/15/2019		
Benefit Details	FBISD Self Service	FBISD Web Clock		
	FBISD	FBISD		
	٠			C

8. First Click on Benefits Enrollment

### Second click select

C Employee Self Service	Ве	nefit	Details			Â	Q	:	٢
Benefits Summary	1.					New Window Help	Person	alize Pa	ge   📰
Dependent/Beneficiary Info	Benefits Enrollm	ent							
Benefits Enrollment					2	•			
	Open Benefit Events	Open Benefit Events							
	Event Description		Event Date	Event Status	Job Title	<u>N</u>			
	Family Status Change	6	02/13/2019	Open		Select	]		
	After you use the Select I load.	putton, it v	vill take a few s	seconds for you	ır benefits enrol	lment information to			

## 9. To make your elections click the Edit button. You must Edit EVERY option.



# 10. Select the plan by clicking on the appropriate radio button

C Employee Self Service	Benefit I	Details	â	Q	:	Ø
E Benefits Summary	Select one of the following plans:					
Dependent/Beneficiary Info	O Nexus Plan					
Benefits Enrollment	Coverage Level	Your Costs Tax Class				
	Employee Only	\$88.67 Before-Tax				
	Employee + Spouse	\$287.81 Before-Tax				
	Employee + Child(ren) Family	\$245.00 Before-Tax \$380.47 Before-Tax				
	Family	\$380.47 Before-Tax				
	O Choice Plan HRA					
	Coverage Level	Your Costs Tax Class				
	Employee Only	\$52.92 Before-Tax				
	Employee + Spouse	\$194.16 Before-Tax				
	Employee + Child(ren)	\$136.08 Before-Tax				
	Family	\$247.78 Before-Tax				
	O Choice Premium Tier					
	Coverage Level	Your Costs Tax Class				
	Employee Only	\$88.67 Before-Tax				
	Employee + Spouse	\$287.61 Before-Tax				
	e i é aine s	5045 60 F T				

11. Kelsey Plan Enrollees: You must enter the following Provider ID Number: 00006773183010 in the appropriate box and select the check box "Check here to use the same provider for all your dependents." This allows you to see any Kelsey Seybold Provider



12. To enroll or add a dependent select the Add/Review Dependents button toward the bottom of the screen

C Employee Self Service		Benefit Details										
1 Benefits Summary	Coverage Level		Y	our Costs	Tax Class							
Dependent/Beneficiary Info	Employee Only	у		\$0.1	00 Before-Tax							
Benefits Enrollment	missing from this list, us	rs all individuals who e the Add/Review De	are eligible to be your dependents. If an in pendents button to determine why they an	dividual is e not								
	eligible. You may also u You may enroll any of th Enroll box next to the d	e following individual										
	Dependent Benefici Enroll	Name	Relationship									
		Namo	Readonomp									
	Add/Review Depend											
	Update and Continue	Discard Chang										
	Select the Update and Cor final enrollment on the Enro		our choice until you are ready to submit your									
	Select the Discard Change Enrollment Summary.	98 button to ignore all en	tries made on this page and return to the									

## 13. Then click Add a dependent or beneficiary.

- Please remember to submit dependent documentation with 14 days to your Benefits Specialist
- Enter Social Security numbers for ALL Dependents

C Employee Self Service		Benefit Details								
1 Benefits Summary										
Dependent/Beneficiary Info	Add/Review Dep	pendent/Beneficiary								
Benefits Enrollment	information. To add a de	e eligible for Benefit Coverage ependent or beneficiary, select neficiary Information								
	Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student		Disabled		
			1 1			1				
	Add a dependent Return to Event Select	-								

# 14. To enroll your dependent select the box next to their name



## 15. Once you have made your elections and added your dependent(s). Click Update and Continue



#### 16. Add the dependent with all information then save

C Employee Self Service	Benefit Details	â	Q	:	(
E Benefits Summary	Dependent/Beneficiary Personal Information				
Dependent/Beneficiary Info	Select Save once you have added your Dependent/Beneficiary's personal information. This				
😸 Benefits Enrollment	information will go into effect as of Mar 1, 2019.				
	Personal Information				
	*First Name				
	Middle Name				
	Name Prefix Q				
4	Name Suffix Q				
	Date of Birth 3				
	*Gender v				
	Social Security Number *Relationship to Employee				
	*Relationship to Employee				
	Status Information				
	*Marital Status Single V As of				
	*Student No V As of				
	*Disabled No As of As				
	*Smoker Non Smoker As of				
	Address and Telephone				
	☑ Same Address as Employee				
	Country				
	Address				
	Same Phone as Employee				
	Phone				
	Save				
	Return to Dependent/Beneficiary Summary				

#### 17. Click Return to Event Selection



18. Read your conformation page. It will review what plan you chose and who is enrolled. Then click Update Elections.

Employee Self Service		Benefit Details	â	Q	:
Benefits Summary					
2010110 Culturally	Your Choice				
Dependent/Beneficiary Info	You have chosen Nexus	s Plan with Employee + Child(ren) coverage.			
	Your Estimated per	pay period Cost			
Benefits Enrollment	Your	Cost			
	Your Covered Depe	ndents			
	Primary Care Provid	ler Details	]		
	Name	Relationship			
	John Doe	Child			
	Notes				
	Once submitted, this ch the pay period beginning	oice will take effect on 04/01/2019. Deductions for this choice will start with g 04/01/2019.			
· · · · · · · · · · · · · · · · · · ·	Update Elections	Discard Changes			
	Select the Update Election	8 button to store your choices.			
	Select the Discard Change	8 button to go back and change your choices.			

19. Continue through these steps to make your elections for Medical, Dental, Vision, Legal Shield, Education Foundation, Life, Disability, Flexible Spending Healthcare, and Flexible Spending Dependent Daycare.

## 20. Update Beneficiary information.

Primary allocation is who receives the benefit upon your death and Secondary Allocation is who receives the benefit if you and the Primary allocation are both deceased.

C Employee Self Service		Ben	efit Deta	ils				â	Q	:	¢
Elenefits Summary	If you select percents, a beneficiaries (if any) mu	Il percents for Primary beneficiaries must t st also total 100.	otal 100. All per	cents for Secon	dary						
Dependent/Beneficiary Info	If you select flat dollar a the policy.	If you select flat dollar amounts, then one beneficiary must be designated to receive any left over money from the policy.									
🔁 Benefits Enrollment		*Enter Primary Allocations as Percent  *Enter Secondary Allocations as Percent									
	Allocation Details	Allocation Details									
	Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation					
			100		100 ×		K				
				100		100					
				Total 1	00 100						
	Update and Continue	Discard Changes									
	Select the Update and Cor final enrollment on the Enro	tinue button to store your choice until you illment Summary.	i are ready to si	ubmit your							
	Select the Discard Change Enrollment Summary.	98 button to ignore all entries made on this	page and retur	n to the							

21. If you would like to enroll in Flexible Spending Medical or Dependent Daycare (only for child care) click the Radio button then enter your annual



22. Once you have made all your elections. Your per pay period cost will appear at the bottom.

Self Service	Benefit Details	â	Q	:	Ø
Eenefits Summary	New: Disability 14/14: 66.67% of Salary 21.84 FlexSpending Healthcare Before Tax After Tax	Edit			
Dependent/Beneficiary Info	Current: No Coverage		_		
Benefits Enrollment	New:         Waive         0.00           FlexSpending Dependent Daycare         Before Tax         After Tax           Current:         No Coverage         Second Sec	Edit			
	New:     Waive     0.00   This table summarizes the estimated per paycheck costs for your new benefit choices.       Election     Summary       Summarized estimates for new Benefit Elections     Total       Costs     \$0.00       Your Costs     \$0.00   Save and Continue       Save and Continue to send your final choices. You must click Submit on the next page to send your elections to the Benefits Department.       Important: Your enrollment will not be complete until you click the Submit button on the next page to finalize your choices for Benefits Open Enrollment.				

23. Click Save and Continue to go to the submission page for elections.



#### 24. To submit your Benefit Choices click Submit



## 35. Once submitted Print or save your confirmation page as PDF as proof of Enrollment.

(You may have to disable your popup blockers.)

### Elections will not be updated unless the submit button is clicked!!!!!!

