#### 1. 曲曲 From the Fort Bend FBISD ISD home page, click the Staff tab 0 0 Test Drive our Website! SCHOOLS TRANSLATT 2. Enter your user name FBISD and password to sign About Us Stoard of Trustees Athlesics in. Enter your user name and password to sign in Note: Should you experience any problems with logging on to complete this Sign In Pargist My 1 information, please contact the Technology Service Desk at Extension 41300. 3. Click on My Self Serve Stat adlines & Features aff Shortcuts BISD's Annual Parent Organiza aturday, August 9 Abunce Reporting ionic Learning spans an opportunity to receive a copy of the FREE Creview the latent guidelines, and hear from and ad 9 names Hilda Arnold as New Principal of mentary School Lori Craig named New Principal of Sugar Mill Elem School Chris Morgan named Principal of Kempner High Sc Fort Bend ISD Board Approves 2014-2015 Badget fax rate remains at commit level of \$1.55, with no tax increase 4. Enter your user name and password to sign in. • I M A G I N E INSPIR Note: Should you experience any problems with logging User ID: on to complete this information, please contact the Technology Service Desk Sign In at Extension 41300. Use your Network ID and Network Password to login to PeopleSoft.

| Yes         Provide       Image: Series       Image: Series< | 5.<br>Click on Main Menu,<br>Self Service,<br>Benefits, Benefits<br>Enrollment   |
|--|--|
| Here The Part And Part I Start Part Part I Start Part Part I Start Part Part Part Part Part Part Part  | 6.<br>To begin your<br>enrollment, click the<br><b>Select</b> button.  |
|  | 7.<br>You <b>MUST</b> click the<br><b>Edit</b> button to elect or<br>waive Medical, Dental,<br>Vision, Prepaid Legal,<br>Disability, Flex<br>Spending and Flex<br>Dependent Care,<br>Supplemental Life and<br>AD&D coverages.<br>If you are waiving<br>coverage, you <b>MUST</b><br>click the <b>Waive</b> button. |

2 Last Modified on: 8/25/2014

| Enroll Your Depende   | ents  |              | 8.   |
|---|---|--------------|--|
| The following list dis<br>ndividual is missing<br>hey are not eligible. | Scroll down to ADD<br>your dependents if you<br>are electing family |              |  |
| /ou may enroll any c<br>E <b>nroll</b> box next to the                  | coverage.   |              |  |
| Dependent Benefic   | iary  |              | Click the Add/Review<br>Dependents to ADD  |
| Enroll  | Name  | Relationship | dependent information  |
|   |   |              | for medical, dental and vision.  |
| Add/Review Dep  | endents 🔶 🔶   |              | *Documentation is<br>required to add a<br>dependent along<br>with their social   |
| Update Elections  | Discar  | d Changes    | security number.   |
|   |   |              | Submit your<br>dependent<br>documentation<br>within 14 days from<br>enrollment date to<br>your Benefit<br>Specialist.  |
|   |   |              | Documents needed:<br>Marriage Certificate<br>and Tax Returns for<br>spouses and birth<br>certificates for<br>children only.  |
|   |   |              | <i>Please Note:</i> Definition<br>of an Eligible Dependent:<br>Legal Spouse,<br>unmarried/married<br>natural child, grandchild,<br>legally adopted child and<br>any child who has been<br>placed in your legal<br>guardianship* until the<br>age of 26 years of age. |

| ED*CD  |  |                          |   |                |      |       | 0                            |
|--|--|--------------------------|---|----------------|------|-------|------------------------------|
| FBISD  | 0.5                                      | 1                        |   |                |      | p out | 9.                           |
| Favorites Man Menu > Self Service > Ben  | efts > Benefts Enrolment                 |                          |   |                |      |       | If not electing medical      |
| Coverage Level   | Your Costs                               | Tax Class                |   |                |      | î     | •                            |
| Employee Only  |  | Before-Tax               |   |                |      |       | coverage, you will           |
| Employee + Spouse<br>Employee + Child(ren)   | \$149.35<br>\$113.40                     |                          |   |                |      |       | need to choose one of        |
| Family   | \$190.60                                 |                          |   |                |      |       |                              |
|  |  |                          |   |                |      |       | the options as to why        |
| © Local Plus   |  |                          |   |                |      |       | you are waiving it.          |
| Coverage Level   | Your Costs                               |                          |   |                |      |       | you are warving it.          |
| Employee Only<br>Employee + Spouse   |  | Before-Tax<br>Before-Tax |   |                |      |       |                              |
| Employee + Child(ren)  | \$233.33                                 | Before-Tax               |   |                |      |       |                              |
| Family   | \$345.88                                 | Before-Tax               |   |                |      |       |                              |
| No Medical Coverage Elected  |  |                          |   |                |      |       |                              |
| 7 Coverage Level   | Your Costs                               |                          |   |                |      |       |                              |
| Employee Only  |  | Before-Tax               |   |                |      |       |                              |
| A substitution of  |  |                          |   |                |      | 1     |                              |
| Health Warve mason   |  | t -                      |   |                |      |       |                              |
| Spouse's Insurance   |  |                          |   |                |      |       |                              |
| O Parent's Insurance   |  |                          |   |                |      |       |                              |
| Private Insurance     Medicare   |  |                          |   |                |      |       |                              |
| © Cannot afford  |  |                          |   |                |      |       |                              |
|  |  |                          |   |                |      |       |                              |
| Enroll Your Dependents<br>The following let display at introduce who are   | alimble to be user dependents. If on its | functional ac            |   |                |      |       |                              |
| The following list displays all individuals who are<br>missing from this list, use the Add'Review Deper<br>You may also use this button to add new depen | indents button to determine why they a   | re not elgible.          |   |                |      |       |                              |
| roundy and the matching and reading  | or is to you ta.                         |                          |   |                |      |       |                              |
|  |  |                          |   |                |      |       |                              |
|  |  |                          |   |                |      |       |                              |
|  |  |                          |   |                |      |       | 10.                          |
|  |  | _                        |   |                |      |       | Click on <b>Update</b>       |
|  |  |                          |   |                |      |       |                              |
| Update Elections   | <ul> <li>Discard Change</li> </ul>       | S                        |   |                |      |       | Elections twice and          |
| <u> </u>   |  |                          |   |                |      |       | continue with your           |
|  |  |                          |   |                |      |       | continue with your           |
| Select the Update Elections b  | outton to store your choi                | ce until you are i       | eady to submit your final                   |                |      |       | other benefit elections.     |
| enrollment on the Enrollment Su  |  | -                        |   |                |      |       |                              |
|  |  |                          |   |                |      |       |                              |
| Select the Discard Changes I   | button to ignore all entrie              | s made on this p         | age and return to the                       |                |      |       |                              |
| Enrollment Summary.  | -  |                          | -   |                |      |       |                              |
|  |  |                          |   |                |      |       |                              |
|  |  |                          |   |                |      |       |                              |
| Life   |  |                          | Poforo To:                                  | After Tax      | Edit |       | 11.                          |
| Life   |  |                          | Belore Ta.                                  | Aller Tax      | Ean  |       | Click the <b>Edit</b> button |
| Current: Basic Life: \$  | 25.000                                   |                          |   |                |      |       |                              |
| Guirent, Dasic Life, q   | 23,000                                   |                          |   |                |      |       | for Basic Life and           |
| New: Basic Life: §   | 625 000                                  |                          |   |                |      |       | Basic AD&D election.         |
| Busic Eller y  |  |                          |   | _              |      |       |                              |
| AD and D   |  |                          | Refore To:                                  | After Tax      | Edit |       | (This is a District          |
| AD allu D  |  |                          | Delote ta.                                  |                |      |       | •                            |
| Current: Basic AD&D  | )· \$25.000                              |                          |   |                |      |       | Paid Benefit and a           |
| Ourient. Dasic Abat  | ν. φ23,000                               |                          |   |                |      |       | beneficiary(ies) must        |
| New: Basic AD&D  | ): \$25,000                              |                          |   |                |      |       |                              |
|  |  |                          |   |                |      |       | be entered)                  |
|  |  |                          |   |                |      |       | -                            |
|  | p  |                          |   |                |      |       | 10                           |
| Designate Your Be  | neficiaries                              |                          |   |                |      |       | 12.                          |
| Please take a momen  | t to verify that your                    | beneficiary i            | formation is correct on this page.          |                |      |       | Click Add/Review             |
|  |  |                          | ble to be your beneficiaries. If an individ | ual is missing |      |       | •                            |
|  |  | -                        | nine why they are not eligible. You may     | _              |      |       | Beneficiaries.               |
|  |  |                          | nine why they are not eligible. Tou may     | use this       |      |       |                              |
| button to add new be   | enericiaries to your                     | IISL.                    |   |                |      |       |                              |
| Additionations   | n oficiaria -                            |                          |   |                |      |       |                              |
| Add/Review Be  | enericiaries                             |                          |   |                |      |       |                              |

| al: 100  | 13.<br>Enter the desired<br>information into the<br><b>New Primary</b><br>Allocation/New<br>Secondary Allocation<br>field. Enter a valid<br>value. Total allocation<br>must equal 100%.                  |
|--|--|
|  | <b>Note:</b> If you are<br>electing the same<br>beneficiary for both<br>Basic Life/AD&D<br>primary and secondary<br>allocations you are<br>required to add this<br>beneficiary into the<br>system twice. |
| Update Elections Discard Changes<br>Select the Update Elections button to store your choice until you are ready to submit your final                               | 14.<br>Click <b>Update</b><br>Elections twice.   |
| enrollment on the Enrollment Summary.<br>Select the <b>Discard Changes</b> button to ignore all entries made on this page and return to the<br>Enrollment Summary. |  |
| Flex Spending Health - U.S.<br>Current: No Coverage<br>New: Flex Spending Account - EE: \$2,500.00<br>Flex Spending Dependent Care                                 | 15.<br>Click Edit button for<br>Flex Spending Health.<br>Note: Flexible<br>Spending Accounts<br>(Health/Dependent<br>Care) do not rollover<br>to next year.  |
| Your pledge amount should only be for the time periods including your benefits effective date through December 31 of the current year.                             | The Maximum annual<br>pledge for FSA<br>Health is \$2,500.   |
| As a new employee, your benefits will be effective the first of the following month of your hire date.   |  |
|  |  |
|  |  |

| Flow Sponding Provident Cons.                                  |                |               |                |                  | 40                                   |
|--|----------------|---------------|----------------|------------------|--------------------------------------|
| Flex Spending Dependent Care                                   |                |               |                |                  | 16.<br>Follow come                   |
| current: No Coverage   |                |               |                |                  | Follow same<br>instructions as above |
| New: FLEXIBLE SPENDING ACCT - D                                | EP: \$5,0      | 00.00         |                |                  | for Flexible Spending                |
|  |                |               |                |                  | Account – Dependent                  |
|  |                |               |                |                  | Care.                                |
|  |                |               |                |                  |                                      |
|  |                |               |                |                  | Then click Update                    |
|  |                |               |                |                  | Elections twice.                     |
|  |                |               |                |                  |                                      |
| Your pledge amount should only                                 | be for         | the time      | periods        | s including your |                                      |
| benefits effective date through D                              |                |               |                |                  | Note: Flexible                       |
| _  |                |               |                | -                | Spending Dependent                   |
| As a new employee, your benefit                                |                | e effecti     | ve the fi      | rst of the       | Care is just for                     |
| following month of your hire date                              | э.             |               |                |                  | childcare/daycare                    |
|  |                |               |                |                  | expenses only.                       |
|  |                |               |                |                  | The Maximum annual                   |
|  |                |               |                |                  | pledge for FSA                       |
|  |                |               |                |                  | Dependent Care is                    |
|  |                |               |                |                  | \$5,000.                             |
|  |                |               |                |                  |                                      |
| This table summarizes estimated costs for your new benefit cho | ices.          |               |                |                  | 17.                                  |
| Election Summary   |                |               |                |                  | This table<br>summarizes             |
| Election Summary   |                |               |                |                  | estimated per pay                    |
| Summarized estimates for new Benefit Elections                 | Total          | Before Tax    | After Tax      |                  | period cost for your                 |
| Costs  | 73.33          | 5.20          | 68.13          |                  | new benefit choices.                 |
| 00313  | 10.00          | 5.20          | 00.15          |                  |                                      |
| Your Costs   | 73.33          | 5.20          | 68.13          |                  | Note: Print this                     |
|  |                |               |                |                  | screen for your                      |
|  |                |               |                |                  | records.                             |
| Quikmit  |                |               |                |                  | 18.                                  |
| Submit   |                |               |                |                  | Click the <b>Submit</b>              |
| Click Submit to send your final choices.                       |                |               |                |                  | button.                              |
| Important: Your enrollment will not be complete                | e until you cl | ick Submit to | send your fina | al               |                                      |
| choices to the Benefits Department.                            |                |               |                |                  |                                      |
|  |                |               |                |                  |                                      |

| Favytes   Man Menu   > Self Service -> Benefits Errolment   | Hune   Weldic   PatalHune   GM   AthoFeanles   Signed<br>@New Window @Help @OutsonnzePage @http = | 19.<br>Please read and<br>complete your<br>submission. |
|---|---|--|
| Benefits Enrollment   |   | Hit the <b>submit</b> button to send your final        |
| You have almost completed your enrolment. If you have no further changes, select the <b>Submit</b> button at the<br>bottom of this page to finalize your benefit choices.   |   | choices to the Benefits<br>Department.                 |
| Select the <b>Cancel</b> Joution if you are not ready to submit your choices and wish to return to the Ernolment<br>Summary.  |   |  |
| Do not submit your benefit choices unit your bave completed your enrollment. You may store your choices on<br>each page and return to the Enrollment Summary as many times as you'd like until the enrollment deadine<br>date. Once you click the Submit button your benefit choices will be sent to the Benefits Department for<br>processing.   | E   |  |
| After your New Hire encolment is closed, you will not be able to make any further benefit changes<br>until the next Annual Errollment period unless you have a qualified family status change. It is your<br>responsibility to ensure that you have elected the correct benefits.   |   |  |
| You will be able to view your benefits by clicking on the Benefits Summary option in My Self<br>Service.  |   |  |
| Authorize Electors<br>Texes state by provides that a digital signature may be used to authenticate written communications sort<br>to a state agency including a school district. Accordingly, by using this state to submit your benefit decision to<br>For 15 end 150, you agener all uncelarable. It is followed as the state authenticating and<br>binding effect as a manually written signature. |   |  |
| By submitting your tenefit choices you are authorizing the District to take deductions from your paycheck to<br>pay for your benefits. You are also authorizing the Benefits Department to send necessary personal<br>information to your selected providers to initiate and support your coverage.   |   |  |
| Sdml Carel  |   |  |
| Cick Submitto serol your final choices.   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |
|   |   |  |

| Benefits Errolment<br>Submit Confirmation<br>Var breit chors were socradly somet is B<br>To ream to the Benefits Errolment page (sic OK) |  |  |               | Warlis   Petr Inner   694  <br>P Her Warden () Help   2 |   | 20.<br>Confirmation screen<br>that you have fully<br>submitted your<br>elections. If you do<br>not submit to this<br>screen, you have not<br>completed your<br>enrollment.     |
|--|--|--|---------------|---|---|--|
| Favorites Main Menu > S<br>Benefits Summar   |  | Benefits Summary   |               |   | - | 21<br>Navigation to<br>Benefits Summary to<br>view your benefits:  |
| To view your benefits as of a<br>01/01/2014 (B) Ga<br>Benefits Summary<br>Type of Benefit<br>Medical<br>Dental<br>Vision                 | nother date, enter the date  | e and select Go.<br>Coverage or Participation<br>Employee Only<br>Valved<br>Employee Only  | Before-Tax Af | ter-Tax<br>ie   |   | From the menu click<br>Self Service, Click the<br>Benefits link, then<br>Click the Benefits<br>Summary button.   |
| Prepaid Legal<br>Life<br>Supplemental Life & ADD -<br>EE   | Basic Life<br>Supp Life and AD&D-<br>Employee  | Waived<br>\$25,000<br>\$400,000  |               | 0.06000 E   |   | Change the date to   |
| AD and D<br>2M<br>2N<br>20<br>403(b)<br>467 ESP<br>520<br>403(b) Roth  | Basic AD&D<br>Disability 14/14<br>JEM Resources<br>EMPLOYEE SAVINGS<br>PLAN<br>TO WATERHOUSE<br>COLLEGE PLAN<br>Roth JEM Resources | \$25,000<br>Waived<br>Waived<br>66,67% of Salary<br>Not Contributing<br>Not Contributing<br>Not Contributing<br>Not Contributing |               | 81.36000  |   | 09/01/2014,<br>10/01/2014, etc. This<br>will be a confirmation<br>of the benefits you<br>elected.  |
| Flex Spending Health - U.S.  |  | Waved  |               | *   |   | Note: As a new<br>employee your<br>benefits will be<br>effective the first of<br>the following month<br>of your hire date.<br>No confirmation<br>statements will be<br>mailed. |