#### 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 Loaning 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.

Ver       Verder V	5. Click on Main Menu, Self Service, Benefits, Benefits Enrollment
We way the set of the se	6. To begin your enrollment, click the <b>Select</b> button.
two Yodar Yodar Otd Addrifted Addrifted   Remains	7. You <b>MUST</b> click the <b>Edit</b> button to elect or waive Medical, Dental, Vision, Prepaid Legal, Disability, Flex Spending and Flex Dependent Care, Supplemental Life and AD&D coverages. If you are waiving coverage, you <b>MUST</b> click the <b>Waive</b> button.

2 Last Modified on: 8/25/2014

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

ED*CD							0
-BPD	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	\$44.10	Before-Tax					coverage, you will
Employee + Spouse	\$149.35	Before-Tax Refore Tax					need to choose one of
Family	\$190.60	Belore-Tax					
							the options as to why
C Local Pus							you are waiving it
Coverage Level	Your Costs	Tax Class					you are warving it.
Employee Only Employee a Service	\$84.45	Before-Tax Refore-Tax					
Employee + Child(ren)	\$233.33	Before-Tax					
Family	\$345.88	Before-Tax					
No Medical Coverage Elected							
*							
Entrique Only	ST 00	Reform Tax					
A substitution of						1	
Health Warve mason		t -					
Spouse's Insurance							
O Parent's Insurance							
Private Insurance     Medicare							
© Cannot afford							
Enroll Your Dependents The following let display at introduce who are	alimble to be user dependents. If on its	functional ac					
missing from this list, use the Add/Review Deper	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>Undate</b>
							Click of Opuale
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	immary.	-					
Select the Discard Changes I	button to ignore all entrie	s made on this p	age and return to the				
Enrollment Summary.	-		-				
<b>,</b>							
Life			Poforo To:		Edit		11.
Life			Belore Ta.	Aller Tax	Ean		Click the <b>Edit</b> button
Current: Designific 9	25.000						
Guirent, Dasic Life, q	23,000						for Basic Life and
New: Basic Life: 9	625 000						Pagia AD&D election
Busic Eller y				_			Dasic AD&D election.
AD and D			Refore To:	After Tax	Edit		(This is a District
AD allu D			Delote ta.				Deid Denefit and a
Current: Resid AD&F	)· \$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
The following list disr	plays all individuals	who are elig	ble to be your beneficiaries. If an individ	ual is missing			
from this list click Ad	Id/Review Renafici	aries to deter	nine why they are not eligible. You may	aleo use this			Beneficiaries.
hutten to add com ba	numerie view DeneliiCi	lint	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. Enter the desired information into the <b>New Primary</b> Allocation/New Secondary Allocation field. Enter a valid value. Total allocation must equal 100%.
	<b>Note:</b> If you are electing the same beneficiary for both Basic Life/AD&D primary and secondary allocations you are required to add this beneficiary into the system twice.
Update Elections Discard Changes Select the Update Elections button to store your choice until you are ready to submit your final	14. Click <b>Update</b> Elections twice.
enrollment on the Enrollment Summary. Select the <b>Discard Changes</b> button to ignore all entries made on this page and return to the Enrollment Summary.	
Flex Spending Health - U.S. Current: No Coverage New: Flex Spending Account - EE: \$2,500.00 Flex Spending Dependent Care	15. Click Edit button for Flex Spending Health. Note: Flexible Spending Accounts (Health/Dependent Care) do not rollover 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 pledge for FSA Health is \$2,500.
As a new employee, your benefits will be effective the first of the following month of your hire date.	

Flow One of the Design of Co					
Flex Spending Dependent Care					16.
current: No Coverage					Follow same
New: FLEXIBLE SPENDING ACCT - I	DEP: \$5.0	00.00			Instructions as above
					for Flexible Spending
					Account – Dependent
					Then click <b>Undate</b>
					Elections twice.
Your pledge amount should only	v he for	the time	neriods	including your	
benefits effective date through [	) ecemb	er 31 of t	the curr	ent vear.	Note: Flexible
				···· <b>,</b> · ···	Spending Dependent
As a new employee, your benefit	ts will b	e effecti	ve the fi	rst of the	Care is just for
following month of your hire dat	e.				childcare/daycare
					expenses only.
					The Maximum annual
					ne Maximum annual
					Dependent Care is
					\$5.000.
					+-,
This table summarizes estimated costs for your new benefit ch	oices.				17.
					This table
Election Summary					summarizes
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax		estimated per pay
					period cost for your
Costs	73.33	5.20	68.13		new benefit choices.
Your Costs	73.33	5.20	68.13		Note: Print this
					screen for your
					records.
					18.
Submit 🔶					Click the Submit
Click Submit to send your final choices					button.
Important: Your annoliment will not be completed.	to until vou o	ick Submit to	cond your fin	al	
choices to the Benefits Department.	te unui you ci	ICK SUDINILIU	senu your Illia	11	

FBİSD was was	d   PatalHura   CRM   AtitisFacriles   Signal	19. Please read and
Favrite: Man Venu > Set Service > Benetis > Benetis Errolment	@New Window @Help 🖁 Customize Page 🗐 http 🗠	complete your submission.
Benefits Enrollment		
Submit Benefit Choices		Hit the <b>submit</b> button
You have simple completed your encourser. If you have no further channels, select the Submit hutton of the		to send your final
boltum of this page to finalize your benefit choices.		Choices to the Benefits
Select the Cancel Judton if you are not ready to submit your choices and wish to return to the Emoliment		Department.
Summay.		
Do not submit your benefit choices unit your have completed your enrollment. You may store your choices on each page and return to the Enrollment Sourmany as many times as you'd like until the enrollment deadline date. Once you cick the Submit Source your benefit choices will be cent to the Benefits Department for processing.	a.	
After your New Hire entrollment is closed, you will not be able to make any further benefit changes until the next Annual Enrollment period unless you have a qualified family status change. It is your 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 Uty Self Service.		
Authorize Elections		
Texes state her provides that a digital signature may be used to authenticatio written communications sent to a state agency, including a school discrit. Accordingly, by using this state to submit your benefic election to For Bend ISD, you agree and understand that the Benefic Endemt site has the same authenticating and binding effect as a manakily written signature.		
By submiting your senefit choices you are authorizing the District to take seductions from your paycheck to pay for your benefits. You are also authorizing the Benefits Dirpartment to send necessary personal information to your selected providers to initiate and support your coverage.		
Sumt Carcel		
Cick Submit to send your final choices.		

Benefits Errolment Submit Confirmation Var breit chors were socradly somet is B To ream to the Benefits Errolment page (sic OK)	ereks Inskert r Berdis Dipathert			Warlis   Petr Inner   694   P Her Warden () Help   2	Attrifuens   Sprat Cotoner Pyp: 1 to	20. Confirmation screen that you have fully submitted your elections. If you do not submit to this screen, you have not completed your enrollment.
Favorites Main Menu > S Benefits Summar	ielf Service > Denefits : Y	Benefits Summary			-	21 Navigation to Benefits Summary to view your benefits:
To view your benefits as of a 01/01/2014 (B) Go Benefits Summary Type of Benefit Madical Dental Vision	Plan Description No Medical Coverage Elected Vision - Before Tax	e and select Go. Coverage or Participation Employee Only Walved Employee Only	Before-Tax Af	ter-Tax ie		From the menu click Self Service, Click the Benefits link, then Click the Benefits Summary button
Prepaid Legal Life Supplemental Life & ADD -	Basic Life Supp Life and AD&D- Employee	Waived \$25,000 \$400,000		0.06000 <sub>E</sub>		Change the date to
2M 2M 2N 2Q 403(b) 457 ESP 520 403(b) Roth	Disability 14/14 JEM Resources EMPLOYEE SAVINGS PLAN TO WATERHOUSE COLLEGE PLAN Roth JEM Resources	Walved Walved 66.67% of Salary Not Contributing Not Contributing Not Contributing		81.36000		09/01/2014, 10/01/2014, etc. This will be a confirmation of the benefits you elected.
Flex Spending Health - U.S.		Waved		+		Note: As a new employee your benefits will be effective the first of the following month of your hire date. No confirmation statements will be mailed.