My-Self Serve Job Aid Employee Benefits Enrollment

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



Employee Portal

Home Email / Office 365 District Departments Staff Links Need Help Finding Resources?

Staff Links

🖻 Send to $\, \smallsetminus \,$

Staff Links			
Wellness Screening	Support Portal (Formerly CRM)	ReadySub Absence Management	MyFortBendISD Portal
aleo Admin Portal	MMM Taleo - Internal Applicants	JDXpert	FBISD Leader Resources
IT Help Site	Blackboard Connect	District Phone Directory	ODSuite (On Data Suite)
FIECD EdConnect	K Edgenuity (1Link Login)	Fundraiser Request Form	eLearning
Pocus on Learning - Whova	Employee ID Lookup	Employee Benefits	Laptop User Agreement
Mileage Reimbursement	My Self-Serve	Naviance	New Teacher Orientation (NTO)
Online Textbooks	PeopleSoft Financials (Accessible within FBISD Network Only)	1Link/Schoology	Skyward
Student Info (Accessible within FBISD Network Only)	📩 Success Ed		

6. Log into My Self Serve

Username: firstname.lastname

	ORACLE [®] PeopleSoft
User ID	
Password	
Select a Languag	ge
English	
	Sign In
	Enable Screen Reader Mode

7. Click Benefit Details



8. First Click on Benefits Enrollment





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.

		Benefit Details	♠ Q : (
Benefits Summary	O Nexus Plan		
Dependent/Beneficiary Info	Coverage Level	Your Costs Tax Class	
	Employee Only	\$88.67 Before-Tax	
	Employee + Spouse	\$287.61 Before-Tax	
🖁 Benefits Enrollment 🛛 💊	Employee + Child(ren)	\$245.00 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 PPO		
	Coverage Level	Your Costs Tax Class	
	Employee Only	\$101.97 Before-Tax	
	Employee + Spouse	\$330.75 Before-Tax	
	Employee + Child(ren)	\$281.75 Before-Tax	
	Family	\$437.54 Before-Tax	
	O Kelsey UHC Charter		
	Coverage Level	Your Costs Tax Class	

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 a dependent and your dependent's name is already listed, please select the box next to their name.

To **add** a dependent, select the Add/Review Dependents button toward the bottom of the screen.

S Employee Self Service		В	enefit Details			â	Q	:	C
E Benefits Summary	Coverage Level Employee Oni	lv		Your Costs	Tax Class				
Dependent/Beneficiary Info	Enroll Your Depende	-							
📸 Benefits Enrollment	The following list display missing from this list, us	The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.							
		he following individual	s for coverage under this plan by checki	ing the					
	Dependent Benefic	iary							
	Enroll	Name	Relationship						
•	Add/Review Depend	dents							
	Update and Continue	Discard Chang	es						
	final enrollment on the Enro	ollment Summary.	ur choice until you are ready to submit your 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 Coordinator.
- Enter Date of Birth and Social Security numbers for ALL Dependents.

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

14. Add the dependent with all information then save.

S Employee Self Service	Benefit Details	â	Q	:	C
1 Benefits Summary	Dependent/Beneficiary Personal Information				
Dependent/Beneficiary Info	Select Save once you have added your Dependent/Beneficiary's personal information. This				
透 Benefits Enrollment	information will go into effect as of Mar 1, 2019.				
	Personal Information *First Name Middle Name *Last Name *Last Name Name Prefix Name Prefix Name Suffix Q Name Suffix Q Date of Birth *Gender *Gender *Relationship to Employee Status Information *Marital Status Single *Student No				
	*Disabled No				
	Same Address as Employee Country Address				
	Same Phone as Employee Phone Save Return to Dependent/Beneficiary Summary				

15. Click Return to Event Selection.



16. To enroll your dependent, select the box next to your dependent's name.



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



18. Please review your Benefit Details confirmation page. It will provide an overview of the plan, cost, and covered dependents you have selected for enrollment. Then click Update Elections.

Employee Self Service		Benefit Details		â	Q	:	
Benefits Summary	V O I						
	Your Choice						
Dependent/Beneficiary Info	You have chosen Nexus Plan with Emp	oloyee + Child(ren) coverage.					
	Your Estimated per pay period Cost						
Benefits Enrollment	Your Cost						
	Your Covered Dependents						
				1			
	Primary Care Provider Details						
	Name	Relationship					
	John Doe	Child					
	Notes						
	Once submitted, this choice will take ef the pay period beginning 04/01/2019.	fect on 04/01/2019. Deductions for this choice will start with					
	Update Elections Discard O	Changes					
	Select the Update Elections button to store	your choices.					
	Select the Discard Changes button to go ba	ck and change your choices.					

19. Continue through these steps to make your elections for:

- Medical
- Dental
- Vision
- Accident
- Cancer
- Critical Illness
- Hospital Indemnity
- Legal Shield
- Education Foundation
- Life
- Supplemental Life
- AD&D
- Disability
- Flexible Spending Account Healthcare
- Flexible Spending Account Dependent Daycare

20. Update Life Insurance 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	ails				â	Q	:	C
E Benefits Summary	If you select percents, beneficiaries (if any) n	If you select percents, all percents for Primary beneficiaries must total 100. All percents for Secondary beneficiaries (if any) must also total 100.									
Dependent/Beneficiary Info	If you select flat dollar 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	5									
	Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary	New Secondary Allocation		•			
			100		100 ×						
				100		100					
· · · · · · · · · · · · · · · · · · ·				Total 1	00 100						
	Update and Continu	Discard Changes									
	Select the Update and Continue button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.										
	Select the Discard Chan Enrollment Summary.	ges button to ignore all entries made on this	page and retu	n to the							

21. If you would like to enroll in a Flexible Spending Account Healthcare or Flexible Spending Account Dependent Daycare (only for child care), click the Radio button, then enter your annual pledge. Then click Update and Continue.



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

Employee Self Service	Bene	efit Details				A Q : @
1 Benefits Summary	New: Disability 14/14: 66.67% of Salary FlexSpending Healthcare			Before Tax	21.64 After Tax	Edit
Dependent/Beneficiary Info	Current: No Coverage New: Waive			0.00		
📸 Benefits Enrollment	Flex Spending Dependent Daycare Current: No Coverage			Before Tax	After Tax	Edit
	New: Waive			0.00		
	This table summarizes the estimated per paycheck costs fo Election Summary	r your new benefit cho	pices.			
	Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax		
	Costs Your Costs	\$0.00	\$0.00	\$0.00		
	Save and Continue Click Save and Continue to send your final choices. You m your elections to the Benefits Department. important: Your enrollment will not be complete next page to finalize your choices for Benefits Op	until you click the St				

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. Click Print XML.

(You may have to disable your pop-up blockers.)

Then click Ok, after printing/saving your elections, to return to the Benefits Enrollment Page.

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

C Employee Self Service	Benefit Details	🟫 🔍 🗄 🕖
Eenefits Summary		Related Content 👻 New Window Help Personalize Page
Dependent/Beneficiary Info	Benefits Enrollment Submit Confirmation	
👸 Benefits Enrollment	Your benefit choices have been successfully submitted to the Benefits Department. You may view and change your benefits if needed until the last day of Open Enrollment, midnight on 11/2/2020.	
	Click PRINT XML to print your confirmation page. Please make sure you thoroughly review your confirmation statement to ensure you have the correct elections. You will need your confirmation statement as proof of your benefit elections for 2021. Make sure your pop up blocker is off so the you are able to print. Click OK to return to the Bruefits Enrollment Page. OK Print XML	