

## eBenefits

## Online Open Enrollment – How To

Summary: This is a tutorial on how to access eBenefits and to make your benefit elections online. To access eBenefits you can use a computer, tablet, mobile device or smart phone. Screens may look different from your mobile device.

1. Access the SF Employee Gateway.
  - a. Open a web browser – For compatibility, Internet Explorer and Chrome are recommended. Firefox is not recommended.
  - b. Go to <https://sfgov.org/sfc/employee-gateway>
  - c. Click on the tile located on the top left for the SF Employee Portal

### Welcome to the SF Employee Gateway



#### COVID-19 Emergency Management

##### COVID-19 DSW REQUESTS



Form 213RR

##### COVID-19 TIMEKEEPING



ICS Form 214

##### COVID-19 FEEDBACK & CCC Demobilization



#### Citywide Enterprise Applications



SF Employee Portal  
Employee Login



SF User Support  
SF Employee Portal



MyApps Portal  
City Apps and Password Reset

2. Log into the Employee Portal
  - a. Enter your Employee ID / DSW # in the username field
  - b. Click the Continue button
  - c. Click on the Agree & Sign In

**\*Note:** If your DSW is a length of 6 and has a leading zero, do not include the leading zero, but include the remaining 5 digits. If your DSW with a length of 5 has a leading zero, keep the zero when you enter your DSW.

CITY & COUNTY OF SAN FRANCISCO

DSW#, POI# or Username

Password

Accept the City & County of San Francisco [Terms of Service and Privacy Policy.](#)

Agree & Sign In

[Forgot your password?](#)

3. Complete your Multi-Factor Authentication. Depending upon what you set up for your MFA will indicate what steps you need to take:
  - a. Answer your secret question OR
  - b. Enter the code that is transmitted to your phone OR
  - c. Approve the login on your authenticator app

If on a previous login, you trusted your device, you may not be prompted to complete MFA on this login

Verifying Push Notification

A notification has been sent to the Oracle Mobile Authenticator App on your mobile device  
SM-G970U

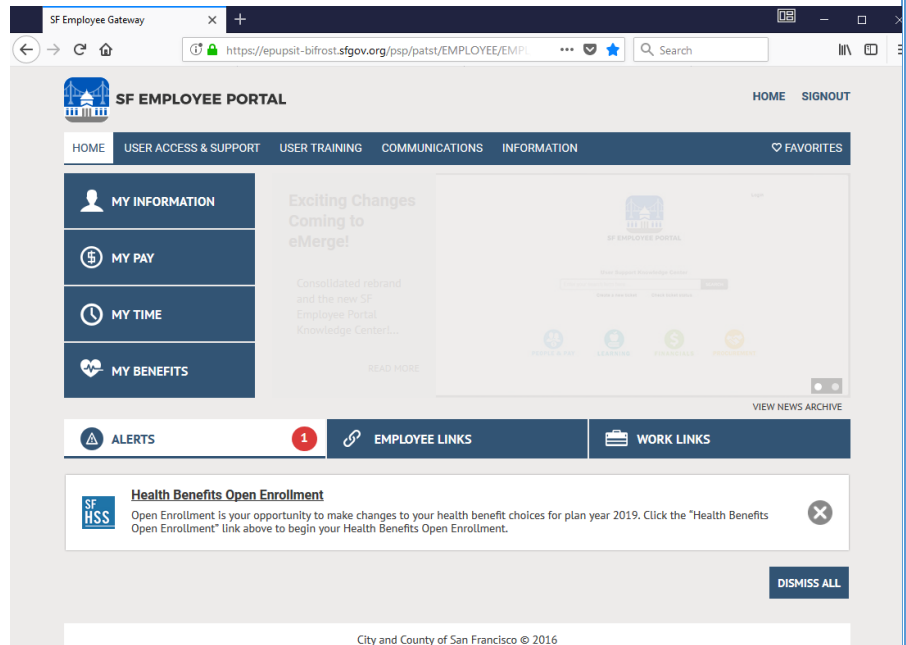
You must approve it to continue.

☐ Trust this device for 30 days.

Or

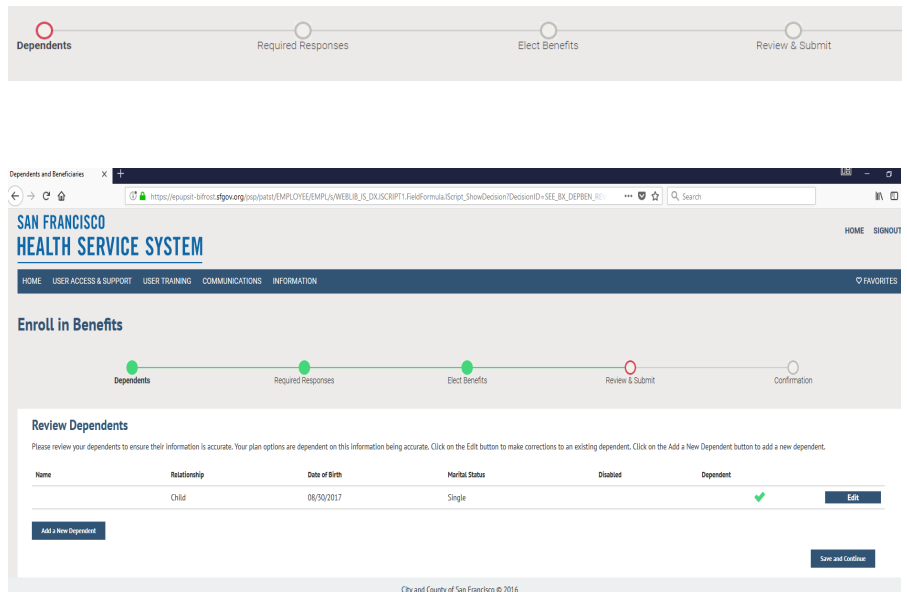
4. Click on the link for Health Benefits Open Enrollment. Several links are available.
  - a. Link under Alert tab (shown)
  - b. Article on portal
  - c. Link under Employee Links tab.

\*Note: if you do not have a link for Open Enrollment or your link does not initiate an online benefit elections session, please contact SFHSS at (628) 652-4700.



Under the “Enroll in Benefits” title, is a navigation bar which identifies where you are in the process. As you complete steps the circles (bread crumbs) under “Dependents”, “Required Responses”, “Elect Benefits”, “Review & Submit” and “Confirmation” will fill in with green. To navigate through eBenefits the first time, click on the Save and Continue button to page through the screens. However, if you return to make additional changes, use the bread crumbs to navigate to the different sections.

5. The first page of eBenefits is where you will review / edit your existing dependents and add new dependents.



Note: There are limitations on which fields can be edited for an existing dependent. Contact the SF Health Service System at (628) 652-4700 for assistance.

6. Edit an existing Dependent
  - a. Click the Edit Button to the right of the dependent's name.
  - b. In the box that opens, click the edit button located in the lower left corner
  - c. After the edit button is clicked, approved fields within the box become editable
  - d. Make your changes
  - e. Click on the blue save button in the lower left hand corner (this is the same location where the edit button was located)
  - f. If your dependent's address is different from your address, uncheck the "Same Address as Employee" box which will then reveal an "Edit Address" button.
  - g. Click on the Edit Address button to make address changes
  - h. If your dependent's phone is different from your phone, uncheck the "Same Phone as Employee" box and enter the phone number into the phone field.
  - i. When your changes have been completed, click the Save button.

Select Save once you have edited your Dependent/Beneficiary's personal information. The changes will go into effect on Jan 1, 2019.

#### Personal Information

|                           |                                         |                          |
|---------------------------|-----------------------------------------|--------------------------|
| *First Name               | <input type="text" value="Jane"/>       |                          |
| Middle Name               | <input type="text"/>                    |                          |
| *Last Name                | <input type="text" value="Smith"/>      |                          |
| Name Prefix               | <input type="text"/>                    |                          |
| Name Suffix               | <input type="text"/>                    |                          |
| *Date of Birth            | <input type="text" value="09/25/1965"/> |                          |
| *Gender                   | <input type="text" value="Female"/>     |                          |
| SSN                       | <input type="text"/>                    | (Social Security Number) |
| *Relationship to Employee | <input type="text" value="Spouse"/>     |                          |

#### Status Information

|                 |                                         |
|-----------------|-----------------------------------------|
| *Marital Status | <input type="text" value="Married"/>    |
| Student         | <input type="text" value="No"/>         |
| Smoker          | <input type="text" value="Non Smoker"/> |

#### Address and Telephone

|                                                   |                                            |                                |
|---------------------------------------------------|--------------------------------------------|--------------------------------|
| <input type="checkbox"/> Same Address as Employee |                                            |                                |
| Country                                           | <input type="text" value="United States"/> | <a href="#">Change Country</a> |
| Address                                           | <input type="text"/>                       |                                |
| <input type="checkbox"/> Same Phone as Employee   |                                            |                                |
| Phone                                             | <input type="text"/>                       |                                |
| <input type="button" value="SAVE"/>               |                                            |                                |

[EDIT ADDRESS](#)

[Return to Dependent/Beneficiary Summary](#)

## 7. Add a new dependent

- Click the Add a New Dependent button from the Review Dependents page
- Complete the information in the box that opens
- If the dependents address is different from your own, de-select the "Same Address as Employee" check box and click on the Edit Address button that is revealed. Complete the fields and click OK
- Once you have completed entering information, click the Save button located in the lower left hand corner.
- You will return to the Review Dependents page and your newly added dependent will be listed.

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2019.

**Personal Information**

\*First Name   
 Middle Name   
 \*Last Name   
 Name Prefix    
 Name Suffix    
 Date of Birth    
 \*Gender  

SSN 

(Social Security N

\*Relationship to Employee **Status Information**

\*Marital Status   As of    
 Student   As of    
 Smoker   As of  

**Address and Telephone**☐ Same Address as Employee

Country

United States

Change Country

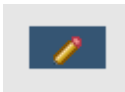
Address **EDIT ADDRESS**☐ Same Phone as EmployeePhone **SAVE**

- When you have completed reviewing dependents, click on the Save and Continue button to proceed to the next screen.

**Save and Continue**

## 9. Confirm your personal information

- Your name, address, email and emergency contact information will appear
- Click the edit icon (pencil) for any of the values you would like to change. A box will pop open.
- When editing your address, you can click the pencil to edit the existing address or use the ADD button to add another address (such as a mailing address). Health benefits enrollment requires a home address.
- To edit phone and email information, you can click the

**Confirm Personal Information**

Please validate the information listed below. To make a change, click the corresponding edit icon.

Full Name:

Home Address:

Business Number:

Home Number:

Business Email:

Home Email:

Emergency Contacts:

If you need additional assistance editing your personal information, please do one of the following:

- If you are an active employee, please contact your department HR representative.
- If you are a retired employee, please contact the Health Service System at (415) 554-1750.

garbage can to delete an existing address or click on the Add Email Address



button to add an additional address. You can also select the "Preferred" check box to indicate your preferred contact method.

- e. When editing your personal contacts, you can click the pencil icon to edit your existing contact, click the garbage can icon to delete your existing contact, and click on the Add Emergency Contact button to add a new contact.
- f. For each element you change (address, phone, email, emergency contact), click on the save button. A save confirmation message appears. Click the X in the top right corner to return to the Confirm Personal Information Page.
- g. Click the Save and Continue Button.

Note: CSF and CRT employees will not be able to edit personal information during payroll processing. An alert on the Employee portal page will notify you if you are accessing the system during this time.

Email Addresses  
Save Confirmation

✓ The Save was successful.

OK

Save and Continue

#### 10. Review your current elections

- a. In this screen you will view your current elections and see what your costs will be for the next plan year if your elections are the same.
- b. If you only need to re-enroll in your FSA (if applicable) and you will not be making any other changes, click on the yes button and then click on the Save and Continue button. You will have an opportunity to elect your FSA. Proceed to the section of the document for entering an FSA
- c. If you would like to make other changes to your benefit elections, click the No button and then click on the Save and Continue button.

## Current Elections

Please review your current and new elections. If you have no changes to your other benefits in the list of elections, select the "Yes" button below. If you would like to make changes to the list of elections, select the "No" button below. Click to "Save and Continue"

**Active employees:** Some union contracts provide for Employer-paid Long-Term Disability, Group Life and Computer Vision Care. You cannot elect to enroll or disenroll from these. If you have no changes to the other benefits, you can still enroll in a Healthcare or Dependent Care FSA on a later screen.

| Plan                 | Current Election               | Current Coverage Level             | New Election        | New Coverage Level | My Cost   |
|----------------------|--------------------------------|------------------------------------|---------------------|--------------------|-----------|
| Medical              | Blue Shield HMO                | Member plus two or more dependents | Same                | Same               | \$ 921.11 |
| Dental               | Delta Dental PPO               | Member plus two or more dependents | Same                | Same               | \$ 6.92   |
| Vision Premier       | No Coverage                    |                                    | Vision Premier Plan | Member Only        | \$ 5.01   |
| VDT                  | Computer Vision Care           | Member Only                        | Same                | Same               | \$ 0.00   |
| Life                 | Municipal Executives Assoc 50K | \$50,000                           | Same                | Same               | \$ 0.00   |
| Long-Term Disability | Grp Long Term Disability 66.6% | 66.667% of Salary                  | Same                | Same               | \$ 0.00   |

Are you happy with the new elections shown above?

☒ Yes

☐ No

Go Back

Save and Continue

11. Choose a Medical Plan (basic vision is included for you and your dependents who are enrolled in a medical plan.)

- On the left side of the screen, the information presented indicates the current election for next year. If you have made no changes this is your current benefits. If you have already made some elections during this open enrollment period and are returning to make additional changes, the current election would be the last election you entered.
- Click on the Benefit Guide button to view the benefit guide which will open in another tab of your browser. You can return to the eBenefits screens by clicking the correct tab on your browser.
- At the top of this screen is a listing of your dependents. Those with the check box selected are enrolled. To enroll a dependent not currently enrolled, place a

### Choose a Medical Plan

#### Current Medical Plan Election

Blue Shield Trio  
Blue Shield of California  
Member plus two or more dependents

Benefit Guide

check in the box by clicking on it. To dis-enroll a currently enrolled dependent, remove the check from the box by clicking on the box. To waive this coverage and not elect any plans, click on the check box next to “Waive this coverage”.

- d. Scroll down to view available medical plans. The currently elected plan is highlighted in green and will always appear first in the list. Your costs are based on the number of dependents you selected above and will change as you enroll or disenroll dependents.
- e. Click on the directional arrow to  scroll right to view all the plans. You may have to scroll down to see the arrow.
- f. Each plan will have two buttons. The plan name links you to all the plan documents which will open in another tab of your browser. The provider search button will open another tab in your browser to take you to the vendor’s site.
- g. Click on “Elect this Plan” at the top of the plan in which you would like to enroll. Once you have selected the plan, the label changes to green and indicates it is the currently elected plan.
- h. If you elected a plan and have decided you don’t want to enroll in any plan, click the “waive this coverage” checkbox at the top of the page.
- i. If you have completed your election, or if you do not wish to change the currently elected plan, click on the Save and Continue button.

Who would you like to enroll in this plan?

☐ Waive this coverage

| Enroll                              | Name | Relationship |
|-------------------------------------|------|--------------|
| <input checked="" type="checkbox"/> |      | Self         |
| <input checked="" type="checkbox"/> |      | Spouse       |
| <input checked="" type="checkbox"/> |      | Child        |
| <input checked="" type="checkbox"/> |      | Child        |
| <input type="checkbox"/>            |      | Child        |

#### Available Plans (4)

|                                                                                                                       |                                                                                                            |                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Blue Shield Trio</b><br>Blue Shield of California<br><div>Currently Elected</div> <div>\$ 921.11<br/>My Cost</div> | <b>City Plan PPO</b><br>United Healthcare<br><div>Elect this Plan</div> <div>\$ 1,123.81<br/>My Cost</div> | <b>Kaiser Permanente HMO</b><br>Kaiser Permanente<br><div>Elect this Plan</div> <div>\$ 797.66<br/>My Cost</div> |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|

**Blue Shield Trio**

Search for providers in this plan

**Elect this Plan**

**Currently Elected**

Save and Continue

12. Choose a Dental Plan (if applicable else skip to the next section of this document)

- a. On the left side of the screen, the information presented indicates the current election for next year. If you have made no changes this is your current benefits. If you have already made some elections during this open enrollment period and are returning to make additional changes, the current election would be the last election you entered.
- b. Click on the Benefit Guide button to view the benefit guide which will open in another tab of your browser. You can return to the eBenefits screens by clicking the correct tab on your browser.
- c. At the top of this screen is a listing of your dependents. Those with the check box selected are enrolled. To enroll a dependent not currently enrolled, place a check in the box by clicking on it. To dis-enroll a currently enrolled dependent, remove the check from the box by clicking on the box. To waive this coverage and not elect any plans, click on the check box next to "Waive this coverage".
- d. Scroll down to view available dental plans. The currently elected plan is highlighted in green and will always appear first in the list. Your costs are based on the number of dependents you selected above and will change as you enroll or disenroll dependents.
- e. Click on the directional arrow to scroll right to view all the plans. You may have to scroll down to see the arrow.
- f. Each plan will have two buttons. The plan name links you to all the plan documents which will open in another tab of your browser.

### Choose a Dental Plan

#### Current Dental Plan Election

Delta Dental PPO  
Delta Dental  
Member plus two or more dependents

[Benefit Guide](#)

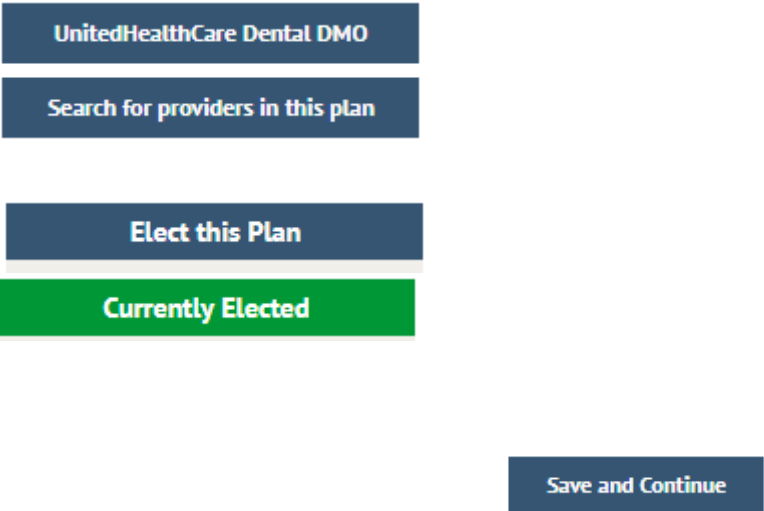
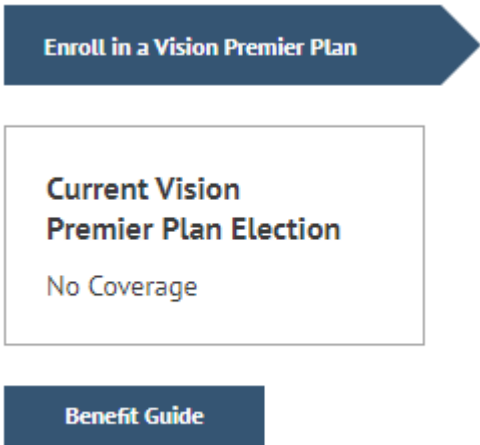
Who would you like to enroll in this plan?

☐ Waive this coverage

| Enroll                              | Name | Relationship |
|-------------------------------------|------|--------------|
| <input checked="" type="checkbox"/> |      | Self         |
| <input checked="" type="checkbox"/> |      | Spouse       |
| <input checked="" type="checkbox"/> |      | Child        |
| <input checked="" type="checkbox"/> |      | Child        |
| <input type="checkbox"/>            |      | Child        |

#### Available Plans (3)

|                                                                                                        |                                                                                                        |                                                                                                                                             |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Delta Dental PPO</p> <p>Delta Dental</p> <p><b>Currently Elected</b></p> <p>\$ 6.92<br/>My Cost</p> | <p>DeltaCare USA DMO</p> <p>DeltaCare USA</p> <p><b>Elect this Plan</b></p> <p>\$ 0.00<br/>No Cost</p> | <p>UnitedHealthCare Dental DMO</p> <p>United Healthcare - Pacific Union Dental</p> <p><b>Elect this Plan</b></p> <p>\$ 0.00<br/>No Cost</p> |
|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <p>The provider search button will open another tab in your browser to take you to the vendor's site.</p> <ul style="list-style-type: none"> <li>g. Click on "Elect this Plan" at the top of the plan in which you would like to enroll. Once you have selected the plan, the label changes to green and indicates it is the currently elected plan.</li> <li>h. If you elected a plan and have decided you don't want to enroll in any plan, click the "waive this coverage" checkbox at the top of the page.</li> <li>i. If you have completed your election, or if you do not wish to change the currently elected plan, click on the Save and Continue button.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |
| <p>13. Enroll in Vision Premier</p> <p>Note: Vision Premier is enhanced vision coverage in addition to the basic vision coverage included with your medical enrollment. <b>Vision Premier is only available to you and your dependents who have enrolled in a medical plan. If you elect to enroll in Vision Premier, all family members enrolled in medical must also be enrolled in this benefit.</b></p> <ul style="list-style-type: none"> <li>a. On the left side of the screen, the information presented indicates the current election for next year. If you have made no changes this is your current benefits. If you have already made some elections during this open enrollment period and are returning to make additional changes, the current election would be the last election you entered.</li> <li>b. Click on the Benefit Guide button to view the benefit guide which will open in another tab of your browser. You can return to the eBenefits screens by clicking the correct tab on your browser.</li> <li>c. At the top of this screen is a listing of your dependents. Those with the check box selected are enrolled. To enroll a dependent not currently enrolled, place a</li> </ul> |  |

check in the box by clicking on it. To dis-enroll a currently enrolled dependent, remove the check from the box by clicking on the box. **Your enrollment in Vision Premier must match the individuals you enrolled in medical.** To waive this coverage and not elect any plans, click on the check box next to “Waive this coverage”.

- d. Scroll down to view details about the Vision Premier plan. Your costs are based on the number of dependents you selected above and will change as you enroll or disenroll dependents.
- e. The plan will have two buttons. The plan name links you to all the plan documents which will open in another tab of your browser. The provider search button will open another tab in your browser to take you to the vendor’s site.
- f. Click on “Elect this Plan” at the top of the plan in which you would like to enroll. Once you have selected the plan, the label changes to green and indicates it is the currently elected plan.
- g. If you elected a plan and have decided you don’t want to enroll in any plan, click the “waive this coverage” checkbox at the top of the page.
- h. If you have completed your election, or if you do not wish to change the currently elected plan, click on the Save and Continue button.

Who would you like to enroll in this plan?

☐ Waive this coverage

| Enroll                              | Name | Relationship |
|-------------------------------------|------|--------------|
| <input checked="" type="checkbox"/> |      | Self         |
| <input checked="" type="checkbox"/> |      | Spouse       |
| <input checked="" type="checkbox"/> |      | Child        |
| <input checked="" type="checkbox"/> |      | Child        |
| <input type="checkbox"/>            |      | Child        |

### Vision Premier Plan

Vision Service Plan

**Currently Elected**

\$ 5.01  
My Cost

Vision Premier Plan

Search for providers in this plan

**Elect this Plan**

**Currently Elected**

Save and Continue

14. Enroll in a Healthcare FSA (if applicable else skip to the next section of this document)
- On the left side of the screen, the information presented indicates the current election for next year. If you have made no changes this is your current benefits. If you have already made some elections during this open enrollment period and are returning to make additional changes, the current election would be the last election you entered.
  - Click on the Benefit Guide button to view the benefit guide which will open in another tab of your browser. You can return to the eBenefits screens by clicking the correct tab on your browser.
  - To learn more about flexible spending accounts, click on the words "Flexible Spending Plan Details" to open another tab in your browser for the FSA plan. Click on the tab with the eBenefits to return to your online enrollment.
  - Click the check box to Enroll in Health Care FSA. An additional section will display where you can enter your annual election amount. If you were already enrolled
  - Click on the Save and Continue button.

**Choose Flex Spending Health - U.S.**

**Current Flex Spending  
Health - U.S. Plan  
Election**

Waived

**Benefit Guide**

**Choose a Flex Spending Health - U.S. Plan**

A Healthcare FSA can pay for medical expenses such as medical, pharmacy, dental and vision co-payments, other dental and vision care expenses, Annual amount will be divided equally by the remaining eligible pay periods in the calendar year.

For more information, please review the [Flexible Spending Plan Details](#)

☐ Enroll in Health Care FSA

☒ Enroll in Health Care FSA

Your annual amount must be between \$250.00 and \$2,500.00, which are the limits established for this plan.

Health Care FSA Total Annual Amount:

(Prior year election was \$ 0)

**Save and Continue**

15. Enroll in a Dependent Care FSA (if applicable else skip to the next section of this document)
- On the left side of the screen, the information presented indicates the current election for next year. If you have made no changes this is your current benefits. If you have already made some elections during this open enrollment period and are returning to make additional changes, the current election would be the last election you entered.
  - Click on the Benefit Guide button to view the benefit guide which will open in another tab of your browser. You can return to the eBenefits screens by clicking the correct tab on your browser.
  - To learn more about flexible spending accounts, click on the words “Flexible Spending Plan Details” to open another tab in your browser for the FSA plan. Click on the tab with the eBenefits to return to your online enrollment.
  - Click the check box to Enroll in Health Care FSA. An additional section will display where you can enter your annual election amount.
  - Click on the Save and Continue button.

### Choose Flex Spending Dependent Care

#### Current Flex Spending Dependent Care Plan Election

Waived

#### Benefit Guide

### Choose a Flex Spending Dependent Care Plan

A Dependent Care FSA can help pay for qualifying child care and elder care expenses, such as certified children's day care. Dependent care expenses must be incurred to enable you (and, if married, your spouse) to work. Children must be under a

For more information, please review the [Flexible Spending Plan Details](#)

☐ Enroll in Dependent Care FSA

☒ Enroll in Dependent Care FSA

Your annual amount must be between \$250.00 and \$5,000.00, which are the limits established for this plan. Accounts.

Dependent Care FSA Total Annual Amount:

(Prior year election was \$ 0)

**Save and Continue**

## 16. Review your elections.

- Scroll the page to review and verify your elections. If you would like to change an election, click on the pencil icon next to the benefit you want to change (Medical, Dental, Vision Premier, Flex Spending Accounts). Refer to the sections above for how to enroll / disenroll from a benefit. Click on the Save and Continue button on any page where you make changes. You can use the bread crumbs at the top of the page to navigate back to the review and submit page.
- The cost summary is per pay check for employees (biweekly) and is a monthly amount for retirees.
- Some unions benefits include flexible credits for employees to apply towards health insurance in which case there will be a "Dollar Value of Credits". If the costs of the health benefits have exceeded the available credits, the credits minus costs amount is a negative and this will be an additional deduction from the employee's pay check. If the costs of the health benefits were less than the available credits, the credits minus costs will be a positive amount and result in additional earnings in the pay check.
- Click on the Continue button in the lower right hand corner. You may have to scroll down.

## Review Your Elections

Please review and verify your elections.

## Health Benefits

Medical Blue Shield Trio  
Member plus two or more dependents\$921.11  
My Cost

| Dependent    | Relationship | Covered |
|--------------|--------------|---------|
| Carlton Yee  | Spouse       | Y       |
| Tyler J Yee  | Child        | Y       |
| Connor J Yee | Child        | Y       |
| No Baby Yee  | Child        | Y       |

Dental Delta Dental PPO  
Member plus two or more dependents\$6.92  
My Cost

## Cost Summary

## Costs

|              |                  |
|--------------|------------------|
| Before Tax   | \$ 933.04        |
| After Tax    | \$ 0.00          |
| <b>Total</b> | <b>\$ 933.04</b> |

## Dollar Value of Credits

|              |                  |
|--------------|------------------|
| <b>Total</b> | <b>\$ 764.52</b> |
|--------------|------------------|

|                            |                   |
|----------------------------|-------------------|
| <b>Total Costs</b>         | <b>\$ 933.04</b>  |
| <b>Total Credits</b>       | <b>\$ 764.52</b>  |
| <b>Credits Minus Costs</b> | <b>\$ -168.52</b> |

Dependents

Required Responses

Elect Benefits

Review &amp; Submit

## Cost Summary

## Costs

|              |                  |
|--------------|------------------|
| Before Tax   | \$ 926.12        |
| After Tax    | \$ 0.00          |
| <b>Total</b> | <b>\$ 926.12</b> |

## Dollar Value of Credits

|              |                  |
|--------------|------------------|
| <b>Total</b> | <b>\$ 764.52</b> |
|--------------|------------------|

|                            |                   |
|----------------------------|-------------------|
| <b>Total Costs</b>         | <b>\$ 926.12</b>  |
| <b>Total Credits</b>       | <b>\$ 764.52</b>  |
| <b>Credits Minus Costs</b> | <b>\$ -161.60</b> |

Continue

## 17. Submit your elections

- Do not submit your benefit choices until you have completed your enrollment. Your choices are stored and you may return at a later date to finalize your elections. **You must submit your elections by 5pm PST on October 30, 2020.**

## Submit Elections

You have almost completed your enrollment. If you have no further changes, select the **Submit** your benefit choices. Select the **Go Back** button if you are not ready to submit your choices at Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store return to the Enrollment Summary as many times as you'd like up until your enrollment deac Submit button your benefit choices will be sent to the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes period or if you have a qualified family status change.

- b. Click on the Submit button to transmit your elections.

Go Back

Submit

18. Print / Save a summary of the elections you have made.

- a. **So that you have a record of your elections you must print / save the summary statement at this time. You will not be able to retrieve it later.**
- b. Click on the printer icon. The enrollment summary will open with the print dialog box. You can send the summary to your default printer or if you do not have a printer, you can print it to a pdf which will save the file as a pdf on your device. If you are on a mobile device, smart phone, tablet, etc. and have your device set up to print, these same steps apply otherwise your option is to scroll through the statement and take screenshots. Be sure to capture the date and time submission at the top of the statement.
- c. Click on the X in the top right corner to close the statement.

## Enrollment Completion

Your elections have been submitted but not finalized. Click the printer icon to print a summary of the benefit elections you have just made for your records. You will not be able to print the election summary after you exit this session.



A confirmation letter from SFHSS will be mailed to you in early December for your finalized benefit elections & costs.



### Health Benefits Enrollment Summary Statement

This is a summary of the benefit elections you have made for Plan Year 2019 as of 8:19pm 09-13-2018. Please print a copy for your records at this time. **You will not be able to retrieve this election summary for printing at a later date.**

#### Health Benefits

|                                                                  | Before Tax | After Tax | Full Cost     |
|------------------------------------------------------------------|------------|-----------|---------------|
| Medical - Blue Shield Trio<br>Member plus two or more dependents | \$921.11   | \$0.00    | \$921.11      |
| Dependent<br>Carlton Yee                                         |            |           |               |
| Relationship<br>Spouse                                           |            |           |               |
|                                                                  |            |           | Enrolled<br>Y |

19. Upload documents (if applicable else continue to the next section of this document).

- a. Only if you added a new dependent do you need to upload documents.
- b. Click on the Upload Documents button to upload your supporting documentation. The text on the screen indicates what documents are required.

For newly added dependents, your application will not be processed until SFHSS receives supporting documentation:

Spouse = Certified Marriage Certificate  
Domestic Partner = Domestic Partner Certification  
Child = Birth Certificate, Adoption Verification

Please upload your supporting documentation by clicking the button below. If you would rather, you may fax to SFHSS. Benefit elections will be revised if documentation for dependents is not submitted or dependents are not eligible.

Upload Documents

- c. In the window that opens, click on the Add Attachment button.
- d. Enter a subject.
- e. Click on Add Attachment again.
- f. Select choose file
- g. Browse your device for your supporting documentation. PDFs and images (JPG) are the preferred file format. Click on the file you want to upload
- h. The file name will now appear in the box instead of the words "No file chosen"
- i. Click the Upload button.
- j. Click Save.
- k. If you have additional documents to upload, click on the Add Attachment button located in the center of the screen.

### Document Upload

**Instructions**

To upload your documents, select the add attachment button, select the file from your computer, click save.

**Documents**

Open Enrollment

ADD ATTACHMENT    ADD NOTE

Choose File    No file chosen

UPLOAD    CANCEL

**Documents**

Open Enrollment

ADD ATTACHMENT    ADD NOTE

**ATTACHMENTS**    FIND    FIRST    1-2 OF 2

| ATTACHMENTS                         |          |                   |
|-------------------------------------|----------|-------------------|
| Select                              | Sequence | Created           |
| <input checked="" type="checkbox"/> | 1        | 09/13/2018 8:39PM |

Select All    Deselect All

DELETE

- l. If you uploaded an incorrect document, you can delete it. Place a check next to the file name. A Delete button will appear. Click on the button.
- m. When you have completed uploading documents, click on the X in the top right corner to close the window.
- n. Click on the Save and Continue button.

20. Enroll in Voluntary Benefits (if applicable else continue to the next section of this document)

- a. To enroll in voluntary benefits click on the link for <https://www.workterra.net> located in the middle of the page.
- b. Workterra will open in another tab of your browser. You can continue with your voluntary benefit elections now and then return to the tab for eBenefits or

## Voluntary Benefits

Employees of the City and County of San Francisco who have previously enrolled in Voluntary Benefits for the first time.

**User ID:** Employee DSW Number

**Password:** First 4 letters of your last name

**Employer:** ccsf

<https://www.workterra.net>

you can return to the eBenefits tab now to exit from that system.

Note: If you enroll in voluntary benefits, your confirmation statement will be mailed to you by EBS.

21. Signing out of the system

- a. You have completed your online open enrollment. On the tab for eBenefits click on "SIGNOUT" at the top right to exit from the system or click on the Exit button in the lower right to exit from the system.

HOME SIGNOUT

Exit

A confirmation letter from SFHSS will be mailed to you in early December for your finalized benefit elections & costs. Once we process your elections, your event will be closed. If it is still before the October 30<sup>th</sup> deadline and you would like to make additional changes, contact SFHSS to request we reopen your OE event. Thank you for using self-service benefits. If you need any assistance, visit sfhss.org or call Member Services at (628) 652-4700.