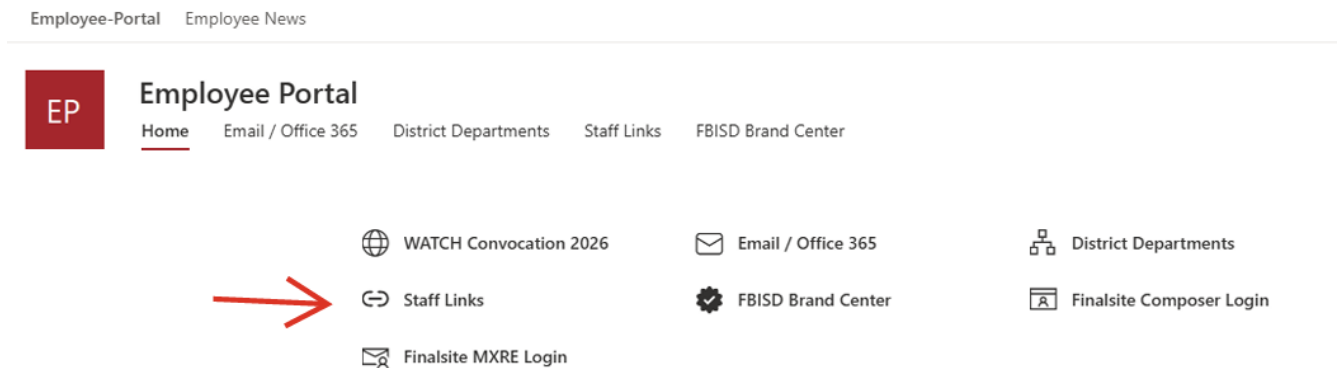


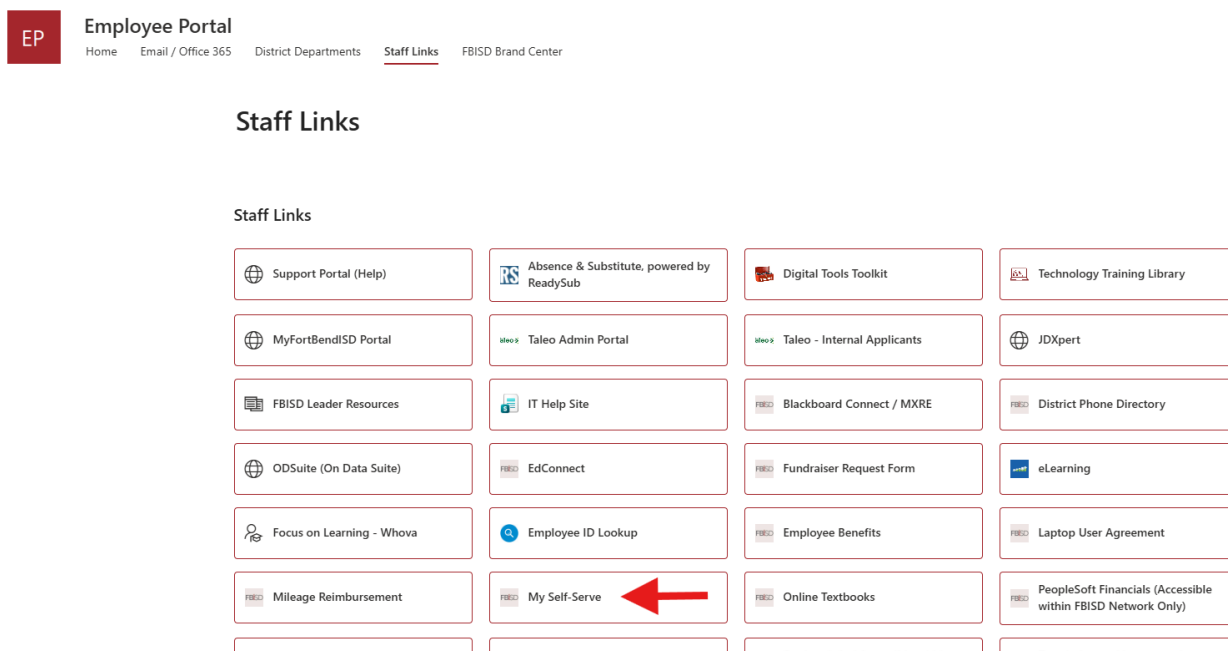
**Step 1:** Visit [www.fortbendisd.gov](http://www.fortbendisd.gov) and click on “Employee Portal” at the top.



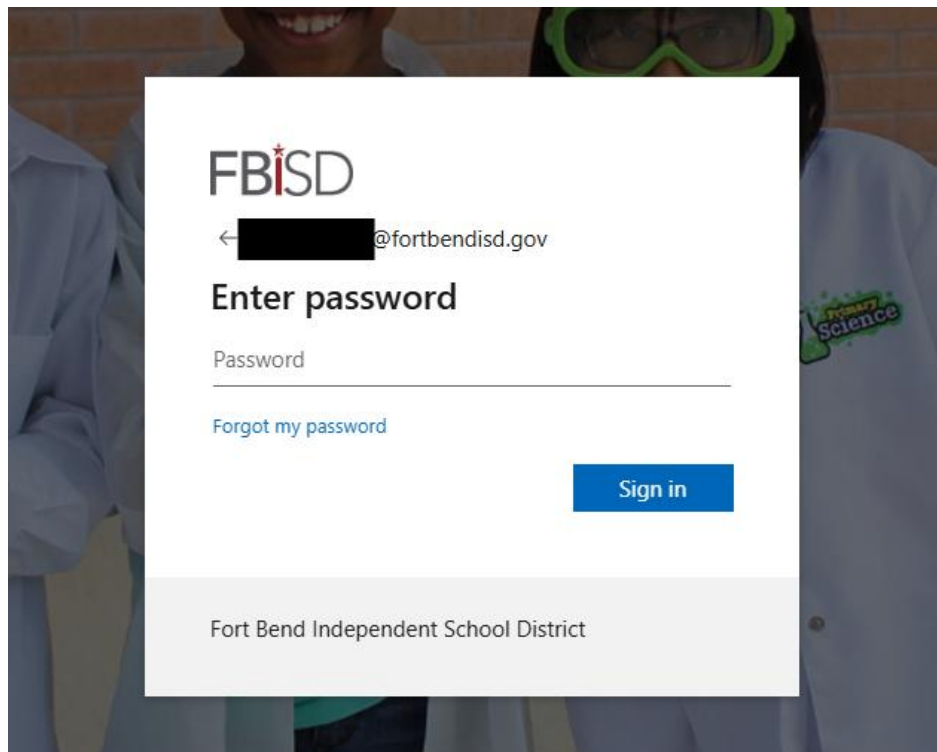
**Step 2:** Click on “Staff Links.”



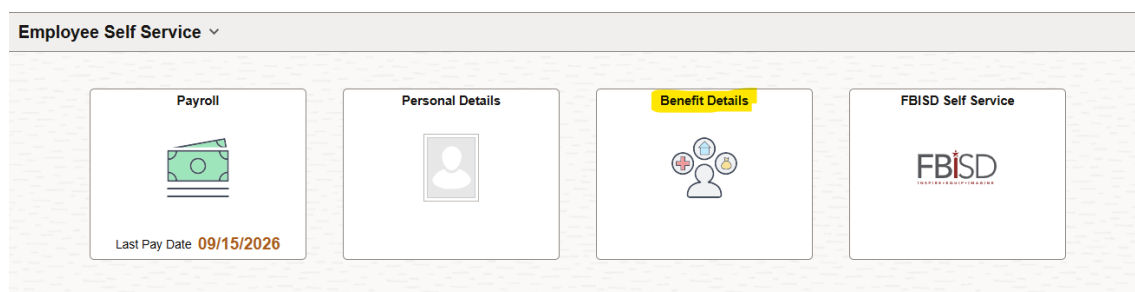
**Step 3:** Inside Staff Links, click “My Self-Serve” box.



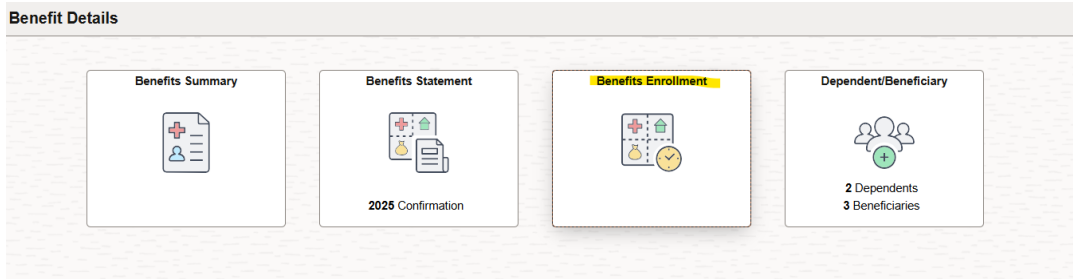
**Step 4:** Log into My Self-Serve. Email is [firstname.lastname@fortbendisd.gov](mailto:firstname.lastname@fortbendisd.gov). If you have login issues, please contact 281.634.1300 between the hours of 6:30A-6:00P Mon-Fri.

A screenshot of the Fort Bend Independent School District (FBISD) login page. The page is overlaid on a background image of two children in lab coats. The login form is white with the FBISD logo at the top. Below the logo is a back arrow and a redacted email address followed by '@fortbendisd.gov'. The main heading is 'Enter password'. There is a password input field with the placeholder text 'Password'. Below the input field is a link that says 'Forgot my password'. A blue 'Sign in' button is located to the right of the password field. At the bottom of the form, it says 'Fort Bend Independent School District'.

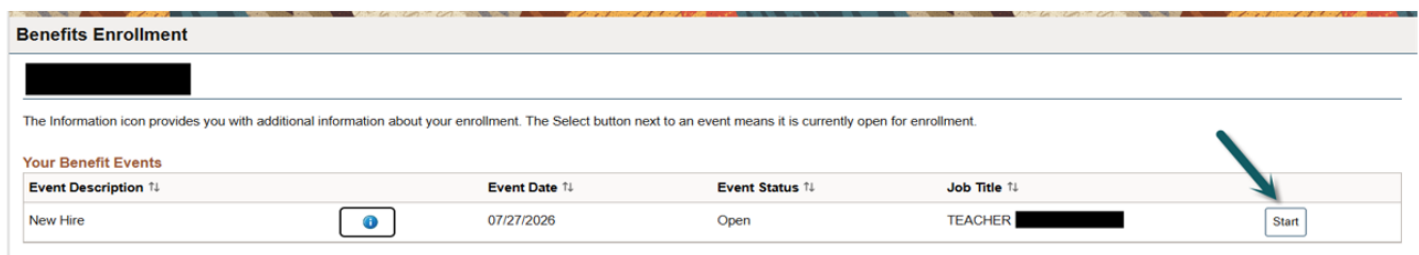
**Step 5:** Click on the “Benefit Details” box.

A screenshot of the 'Employee Self Service' dashboard. At the top, there is a header bar with the text 'Employee Self Service' and a dropdown arrow. Below the header, there are four main service boxes arranged horizontally. The first box is 'Payroll' with a green bill icon and 'Last Pay Date 09/15/2026'. The second box is 'Personal Details' with a person icon. The third box is 'Benefit Details' with a group of people icon and a yellow highlight bar above the title. The fourth box is 'FBISD Self Service' with the FBISD logo. The background of the dashboard has a subtle pattern of small icons.

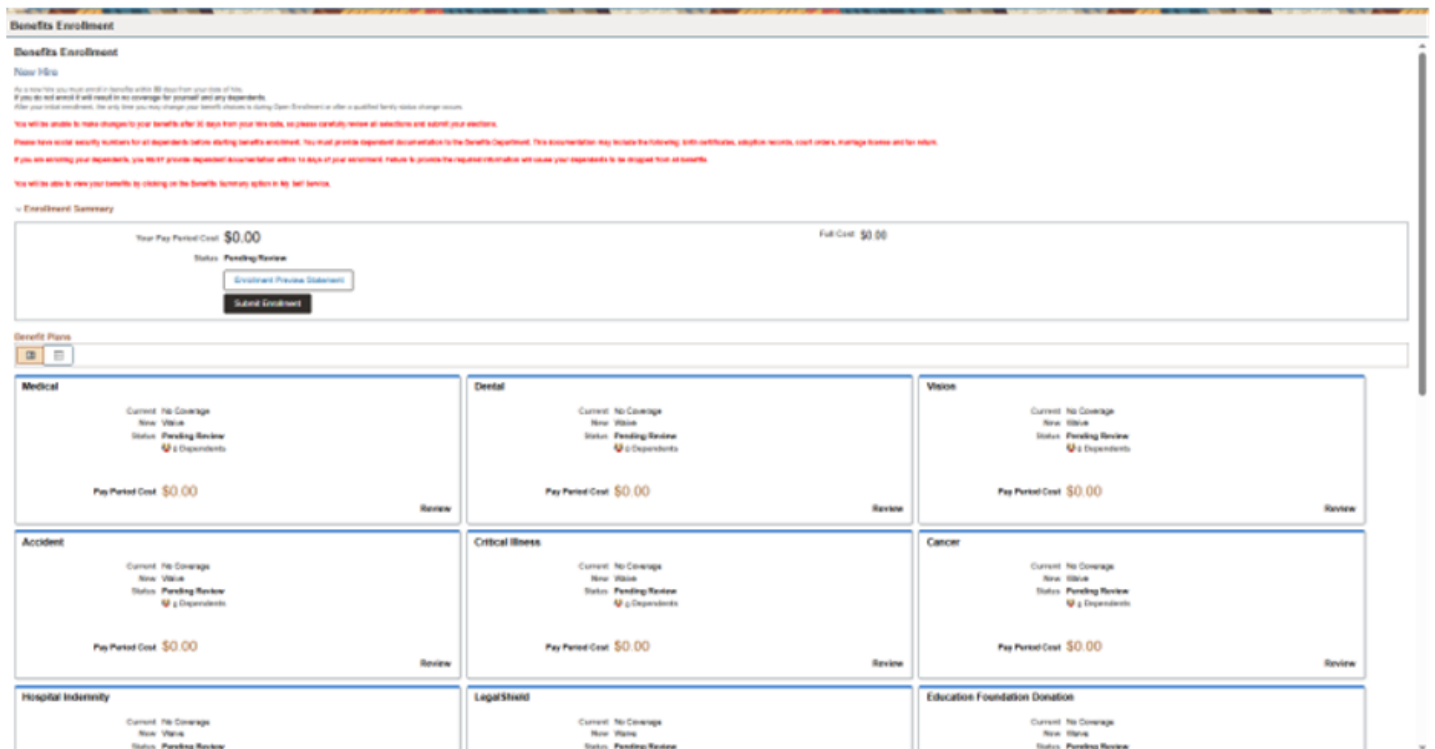
**Step 6:** Click on the “Benefits Enrollment” box.



**Step 7:** Click on “Start” to the right of your Family Status Change open Benefit Event.



**Step 8:** Click on all benefit tile boxes that pertain to your Family Status Change to make updates to your benefits. Click on the submit button at bottom of page when completed. Please see step 9 for dependent additions.



**Step 9: If you need to add dependents** – With the appropriate benefit tile box selected, choose your plan by clicking on the “Select” button next to your plan choice. To attach dependent(s) to your desired plan, make sure you click on the checkmark box next to their name above the benefit selection to attach them to your plan. Please see part A if they are not listed.

▼ **Enroll Your Dependents**

To add a newborn to your benefit coverage, please contact the Employee Benefits Department at "benefits@fortbendisd.com" within the first 30 days of birth. If you need to remove a beneficiary, please contact the Employee Benefits Department.

| Dependents                                     | Relationship |
|------------------------------------------------|--------------|
| <input checked="" type="checkbox"/> [Redacted] | Child        |
| <input type="checkbox"/> [Redacted]            | Spouse       |

[Add/Update Dependent](#)

▼ **Enroll in Your Plan**

The Employee Only cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see of help icon corresponding to each plan option.

|                                                  | Plan Name          |  | Before Tax Cost | After Tax Cost | Pay Period Cost |
|--------------------------------------------------|--------------------|--|-----------------|----------------|-----------------|
| <input type="button" value="Select"/>            | Kelsey UHC Charter |  | \$80.23         |                | \$80.23         |
| <input type="button" value="Select"/>            | Choice HSA Plan    |  | \$31.05         |                | \$31.05         |
| <input checked="" type="button" value="Select"/> | Surest             |  | \$88.67         |                | \$88.67         |
| <input checked="" type="checkbox"/>              | Waive              |  |                 |                | \$0.00          |

[Overview of All Plans](#)

A) If the dependents are not listed, select the “Add/Update Dependent” button under the “Enroll Your Dependents” section.

▼ **Enroll Your Dependents**

To add a newborn to your benefit coverage, please contact the Employee Benefits Department at "benefits@fortbendisd.com" within the first 30 days of birth. If you need to remove a beneficiary, please contact the Employee Benefits Department.

| Dependents                                    | Relationship |
|-----------------------------------------------|--------------|
| <input checked="" type="checkbox"/> Jane Test | Child        |

[Add/Update Dependent](#)

B) Then click “Add Individual.” Reminder: Dependent documentation must be uploaded within 14 days of your new coverage start date.

**Dependent and Beneficiary Information**



**IMPORTANT PLEASE READ:** Completing your dependent/beneficiary information on this page *does not* enroll them on your benefit plans. Please contact the Benefits Department at 281-634-1418 or [benefits@fortbendisd.com](mailto:benefits@fortbendisd.com) to add a dependent/newborn to your benefit plan within 30 days of a life event.

No data exists

[Add Individual](#)

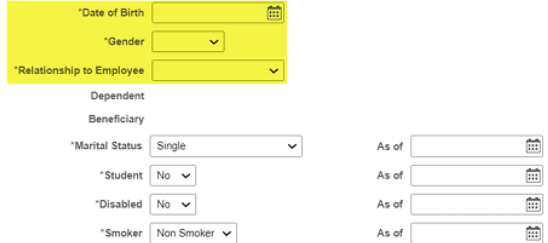
C) Add the dependent including name and personal information, then save.

**Add Individual Dependent/Beneficiary Information**

Cancel 3. 

Select Save after you have added your Dependent/Beneficiary's information. The changes will go into effect on 4/17/2023.  
Please contact the Benefits Department to add/remove a dependent/beneficiary at 281-634-1418 or [benefits@fortbendisd.com](mailto:benefits@fortbendisd.com)

**Name** 1. 

**Personal Information** 2. 

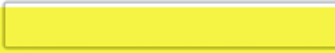
**Address**

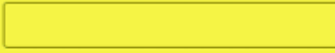
**Name**

Cancel Done

1. **Name Format** English 

**Name Prefix** 

**\*First Name** 

**Middle Name** 

**\*Last Name** 

D) Click the "X" to close this window and return to the benefits plan selection.

**Dependent and Beneficiary Information** 

**IMPORTANT PLEASE READ:** Completing your dependent/beneficiary information on this page does not enroll them on your benefit plans. Please contact the Benefits Department at 281-634-1418 or [benefits@fortbendisd.com](mailto:benefits@fortbendisd.com) to add a dependent/newborn to your benefit plan within 30 days of a life event.



| Name | Relationship | Beneficiary | Dependent |
|------|--------------|-------------|-----------|
|      |              |             |           |

**Step 10:** Once you have made your elections and added your dependent(s), click “Done.” Make sure you select the “Submit” button at the bottom of the benefits tile box page when you are completed.

Cancel Vision Done

Vision coverage allows you and your dependents to see an ophthalmologist, optometrist, or optician to assist you with your eyecare needs.  
**IMPORTANT NOTE:** You will NOT receive an ID card for Vision.

▼ Enroll Your Dependents

To add a newborn to your benefit coverage, please contact the Employee Benefits Department at "benefits@fortbendisid.com" within the first 30 days of birth. If you need to remove a beneficiary, please contact the Employee Benefits Department.

| Dependents                                    | Relationship |
|-----------------------------------------------|--------------|
| <input checked="" type="checkbox"/> Jane Test | Child        |
| <input checked="" type="checkbox"/> John Test | Child        |

Add/Update Dependent

▼ Enroll in Your Plan

The Employee + Children cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

| Plan Name                                                 | Before Tax Cost | After Tax Cost | Pay Period Cost |
|-----------------------------------------------------------|-----------------|----------------|-----------------|
| <input checked="" type="checkbox"/> Vision - Before Tax ⓘ | \$8.53          |                | \$8.53          |
| <input type="button" value="Select"/> Waive               |                 |                | \$0.00          |

**Step 11:** After you have submitted your updates, you should receive a “Benefits Alerts” pop-up that confirms you have successfully submitted your benefits. You can click on “View” in the top right of the box to receive a summary PDF that you can view/print for your personal confirmation.

Done Benefits Alerts View

Your benefit choices have been successfully submitted to the Benefits Department.

Select View to review your Election Preview statement, Done to return to the Benefits Enrollment Summary

Please contact [benefits@fortbendisid.gov](mailto:benefits@fortbendisid.gov) or 281.634.1418 for additional assistance.