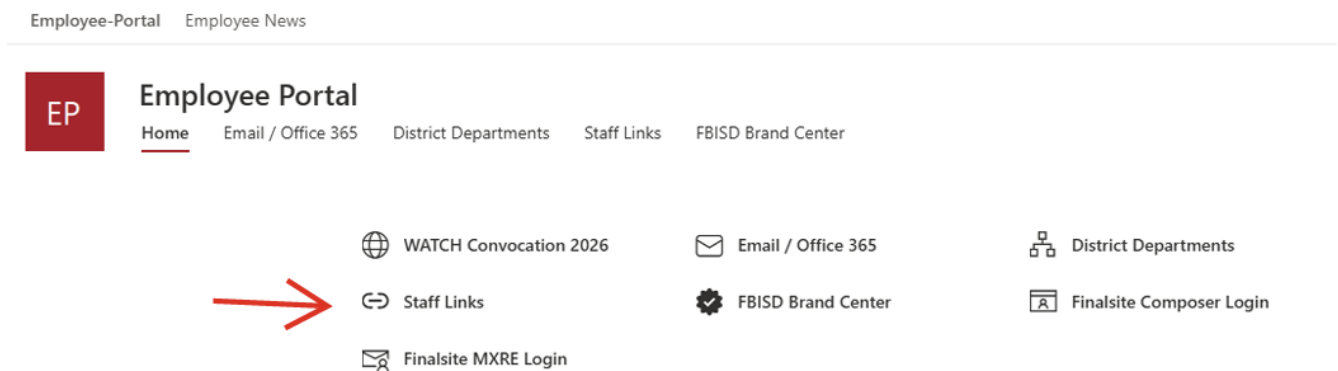


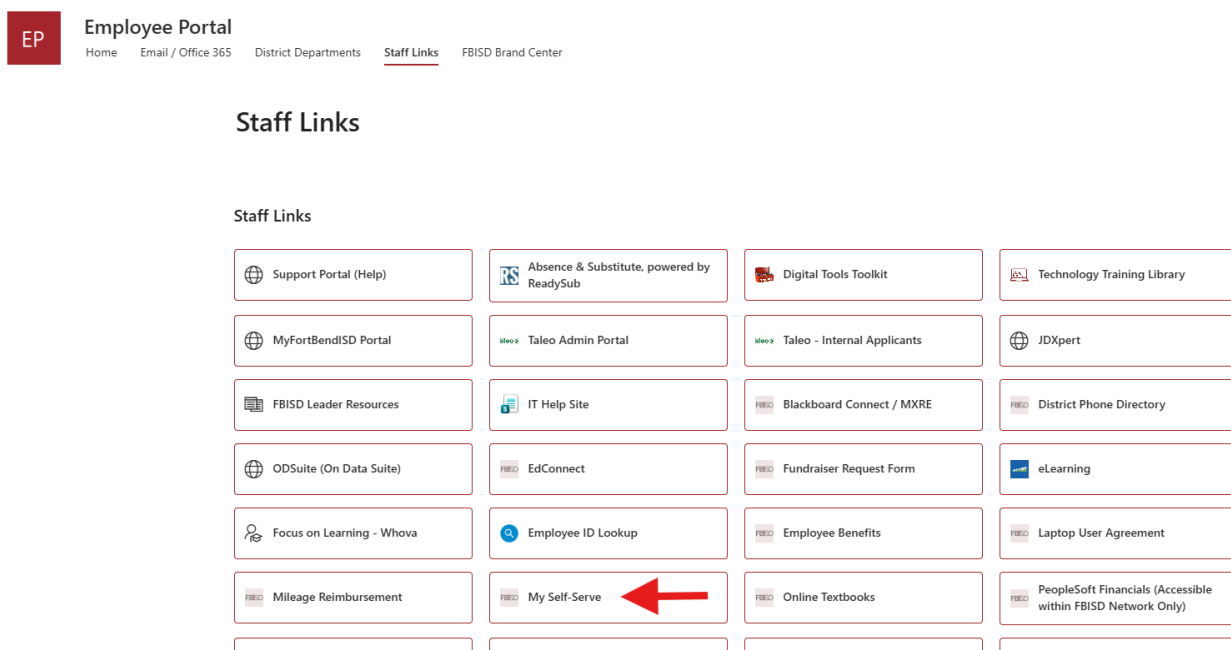
Step 1: Visit www.fortbendisd.gov and click on “Employee Portal” at the top.



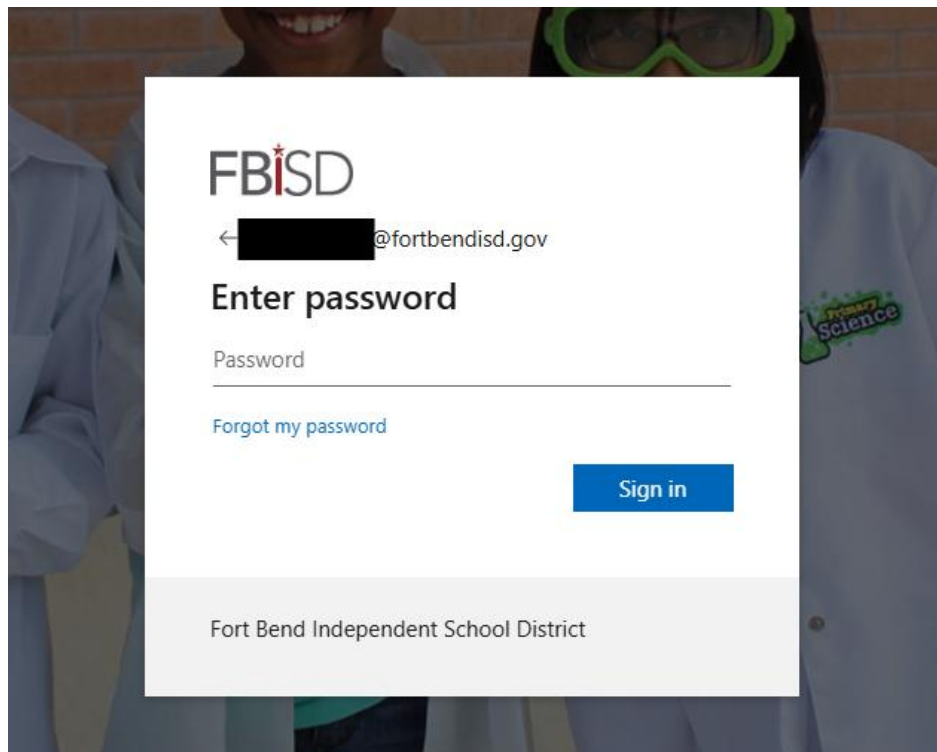
Step 2: Click on “Staff Links.”



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



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



FBISD

← [redacted]@fortbendisd.gov

Enter password

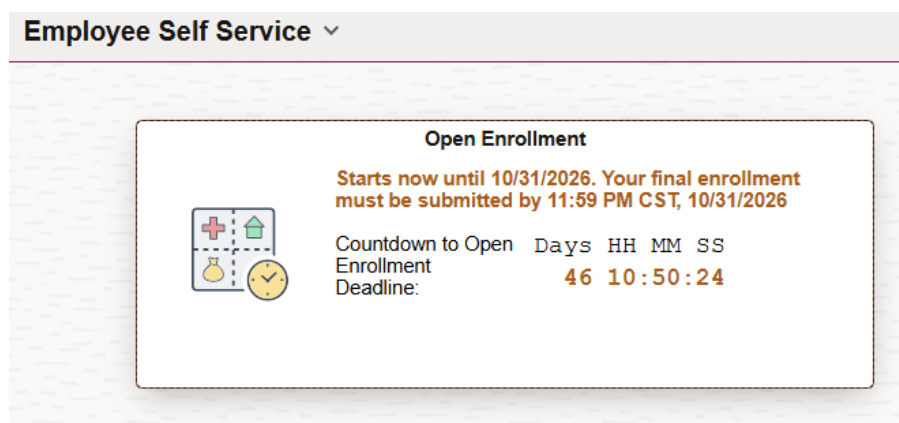
Password

[Forgot my password](#)

[Sign in](#)

Fort Bend Independent School District

Step 5: Click on the “Open Enrollment” box.



Employee Self Service ▾

Open Enrollment

Starts now until 10/31/2026. Your final enrollment must be submitted by 11:59 PM CST, 10/31/2026

Countdown to Open Enrollment Deadline: Days HH MM SS

46 10:50:24

Step 6: The Open Enrollment activity will walk you through the 8 steps on the left of the screen. To begin, you must read the initial acknowledgement,

then click the box “I Agree” at the bottom, then click “Save” on the top right to start your enrollment selection process.

Open Enrollment
Enrollment Period 9/10/2026 - 10/31/2026

Acknowledgement
Complete

2027 Benefits Overview
Visited

Personal Information
Visited

Dependent/Beneficiary Info
Visited

Benefits Summary
Visited

Benefits Enrollment
In Progress

Benefits Statements
Not Started

Summary
Not Started

Acknowledgement

Disability Coverage:
If you do not enroll in Disability coverage as a new hire, you will be required to complete an Evidence of Insurability (EOI) form during the FBISD Annual Open Enrollment period. Please check your FBISD email and/or personal email account, including your inbox, junk/spam, and trash folders, for the EOI form. If the EOI is not completed and submitted by the required deadline, you will be disenrolled from the coverage.

Supplemental Employee and/or Spouse Life Insurance:
If you do not enroll in Supplemental Employee and/or Spouse Life Insurance as a new hire, or if you elect coverage above the guaranteed issue amount, you will be required to complete an Evidence of Insurability (EOI) form during the FBISD Annual Open Enrollment period. The guaranteed issue amount for Spouse Life Insurance is \$50,000. Please check your FBISD email and/or personal email account, including your inbox, junk/spam, and trash folders, for the EOI form. If the EOI is not completed and submitted by the required deadline, you will be disenrolled from the coverage.

By checking Agree you understand the following:

- You understand that your employer is authorized to make the changes you have made to your benefits, and your employer can make the applicable payroll deductions for those benefits.
- You understand that you cannot change your benefit elections until the next Open Enrollment period, unless you have a qualified family status change.
- You understand that your information is private, but your employer can provide your relevant information to authorized persons and organizations, such as health care providers, insurance carriers, and other approved internal and external entities.
- You are responsible for meeting all program and deadlines for your election.

You understand that this serves as a legal and binding agreement.

For those enrolling in the Choice HSA Plan:
PER THE USA PATRIOT ACT: To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. When you open the account, we will ask for your name, street address, date of birth and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

[Terms and Conditions](#)

☒ I Agree

Save

Step 7: After saving your acknowledgement, click on “Next” to visit the next part of the Open Enrollment activity. The next step will be to view the Benefits Overview video.

Acknowledgement
Complete

2027 Benefits Overview
Visited

Personal Information
Visited

Dependent/Beneficiary Info
Visited

2027 Benefits Overview

Dear [Redacted],

Open enrollment is your annual opportunity to modify your benefit choices. This video provides an overview of the Employee Benefit Programs for 2027.

You have the option of watching the video or selecting to view the video transcript.

Next

Step 8: After watching the video, click “Next” on the top right to visit the next section which is “Personal Information.” Please ensure name, address, and contact information are correct. You will click on “Next” for each section after reviewing.

Personal Information
Visited

Name
Visited

Home and Mailing Address
Visited

Contact Information
Visited

Next

Step 9: After clicking “Next” after reviewing your contact information, you will visit “Dependents/Beneficiary Info” to review existing dependent/beneficiaries, or to add new ones for your plans. Click “Next” once you have completed

★ Acknowledgement
✔ Complete

2027 Benefits Overview
● Visited

▶ **Personal Information**
● Visited

Dependent/Beneficiary Info
● Visited

Dependent/Beneficiary Info

IMPORTANT PLEASE READ: Completing your dependent/beneficiary information is required to enroll in your benefit plan within 30 days of a life event.

Please **review** all existing Dependent/Beneficiaries to make sure they are correct.

[Add Individual](#)

Name

[Redacted Name]

Step 10: After reviewing dependents/beneficiaries, it will take you to your current Benefits Summary. This is the summary of all benefits you currently are enrolled in. No changes are made here; this is only for review.

★ Acknowledgement
✔ Complete

2027 Benefits Overview
● Visited

▶ **Personal Information**
● Visited

Dependent/Beneficiary Info
● Visited

Benefits Summary
● Visited

★ Benefits Enrollment
● In Progress

Benefits Statements
○ Not Started

Summary
○ Not Started

Benefits Summary

To view your benefits as of another date, enter the date and select Refresh.

My Benefits on 09/15/2026 [Refresh](#)

Benefit Plans

[Medical](#) [Dental](#)

Medical

Plan: Surest
Coverage: Employee + Child(ren)
1 Dependents

[Review](#)

Dental

Plan: Dental PPO Value Plan
Coverage: Employee + 1
1 Dependents

[Review](#)

Step 11: After you review your current benefits, you will click “Next” to visit the actual enrollment process under “Benefits Enrollment.” Please read the information at the top and you can review the Benefits Guide by clicking the blue link listed as you make your choices.

★ Acknowledgement

● Complete

2027 Benefits Overview

● Visited

Personal Information

● Visited

Dependent/Beneficiary Info

● Visited

Benefits Summary

● Visited

★ Benefits Enrollment

● In Progress

Benefits Statements

○ Not Started

Summary

○ Not Started

Benefits Enrollment

Open Enrollment is your opportunity to modify your benefit choices for the coming calendar year.

Before you begin, review the 2027 Benefits Guide located on the Benefits Resource Page: <https://flimp.live/FBISD-Employee-Resource-Center>. There you

Fort Bend ISD continues to manage an “active” open enrollment for 2027. This means you must re-enroll in ALL benefit plans for 2027. The only benefit and AD&D and your TCG supplemental retirement plans (457/403b). Failure to complete open enrollment will result in discontinued benefits for the 21

Note: The Enrollment Summary at the end of the election process will provide an overview of your deductions per paycheck.

Enrollment Summary

Your Pay Period Cost \$0.00

Full Cost \$0.00

Status Pending Review

[Enrollment Preview Statement](#)

Submit Enrollment

Benefit Plans

Medical

Dental

Vision

Step 12: You will need to go into each separate box to make your elections.

Benefit Plans

Medical

Dental

Vision

Accident

Critical Illness

Cancer

Hospital Indemnity

LegalShield

Education Foundation Donation

Life

Supplemental Life & AD&D - SE

AD and D

Supplemental Life and AD&D - SP

Supplemental Life and AD&D - CH

Short-Term Disability

Flex Spending Healthcare

Flex Spending Dependent Expense

Health Savings Account

Step 13: Choose your plan by clicking on the appropriate “Select” button next to your 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
☒ [Redacted]	Child
☐ [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
☐	Kelsey UHC Charter	i	\$80.23		\$80.23
☐	Choice HSA Plan	i	\$31.05		\$31.05
☒	Surest	i	\$88.67		\$88.67
☒	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
☒ Jane Test	Child

[Add/Update Dependent](#)

B) Then click “Add Individual.” Reminder: Dependent documentation must be uploaded within 14 days of January 1, 2027.

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 to add a dependent/newborn to your benefit plan within 30 days of a life event.

No data exists

[Add Individual](#)

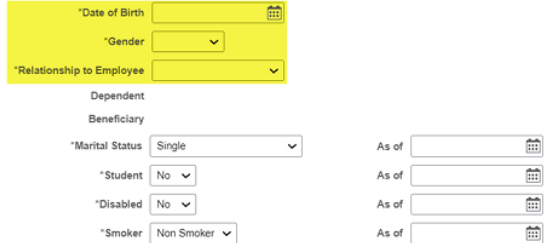
C) Add the dependent including name and personal information, then save.

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

Name 1. 

Personal Information 2. 

Address

Name

Cancel 

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 to add a dependent/newborn to your benefit plan within 30 days of a life event.



Name	Relationship	Beneficiary	Dependent

Step 14: Once you have made your elections and added your dependent(s), click “Done.”

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@fortbendisd.com" within the first 30 days of birth. If you need to remove a beneficiary, please contact the Employee Benefits Department.

Dependents	Relationship
☒ Jane Test	Child
☒ 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
☒ Vision - Before Tax ⓘ	\$8.53		\$8.53
Select Waive			\$0.00

Resources

Vision

Step 15: Continue through the benefit enrollment steps for each benefit to select or waive your elections for the following:

Medical, Dental Vision
Accident, Cancer, Critical Illness, Hospital Indemnity
Life, Supplemental Life, AD&D
Short-Term Disability, Long-Term Disability
Healthcare FSA, Dependent Care FSA, Health Savings Account
Legal Shield, Education Foundation

Step 16: Verify Life Insurance beneficiary information (required for district paid Basic Life and AD&D) and update if needed. Primary allocation is who receives the benefit upon your death and secondary allocation is who receives the benefit if you and primary allocation are both deceased.

Cancel

Life

Done

Life insurance plays an important role in ensuring that your family is financially secure if you were to pass away.

▼ Enroll in Your Plan

Plan Name
✓ Basic Life (\$25,000)

▼ Designate Your Beneficiaries

You may designate the individuals as primary or secondary beneficiaries by allocating a percent or a specific dollar amount. Secondary beneficiaries receive benefits only if all primary beneficiaries are deceased. If you select flat dollar amount, then one beneficiary must be designated to receive remaining money from the policy. If you select percents, all percents for primary beneficiaries must total 100. All percents for secondary beneficiaries must total 100. Select the Add/Update Beneficiary button to view, update or add a new beneficiary

*Primary Allocation

Percent

*Secondary Allocation

Percent

Beneficiary	Relationship	Current Primary Percentage	Current Secondary Percentage	New Primary Percentage	New Secondary Percentage
Jane Test	Child			100	0
John Test	Child			0	100
Total				100	0

Add/Update Beneficiary

Resources

Basic Life and ADD

Step 17: If you would like to enroll in a Flexible Spending Account-Healthcare or Flexible Spending Account Dependent Care (only for childcare), or HSA (only if enrolling in the Choice HSA Plan) click the “Select” button, enter your annual pledge, then click “Done.”

▼ Enroll in Your Plan

Plan Name
Select FSA-HEALTHCARE
✓ Waive

Cancel

FlexSpending Healthcare

Done

The Health Flexible Spending Account (FSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through you or your spouse's group health care plans.

IMPORTANT NOTE: If you are enrolled in the Choice HRA (Health Reimbursement Account) Plan, you must exhaust the funds in your HRA before you can use your FSA funds for medical expenses. You will not be able to use your FSA debit card for medical expenses if you are enrolled in the Choice HRA Plan. You must pay out-of-pocket for medical expenses and seek reimbursement from the FSA by submitting a claim form and your receipts.

▼ Enroll in Your Plan

Plan Name
✓ FSA-HEALTHCARE
Select Waive

▼ Contribution Amount

Annual Pledge

Minimum \$120.00 Maximum \$3,050.00
Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,050.00.

Flexible Spending Account Worksheet

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Resources

Flexible Spending Account

Step 18: Once you have made all your benefit elections, your per pay period cost will appear at the top of the page in the “Enrollment Summary.”

Your pay period cost will come out of every paycheck on the 15th and last day of the month.

▼ Enrollment Summary

Your Pay Period Cost \$0.00	Full Cost \$0.00
Status: Changed - Resubmit Required	
Enrollment Preview Statement	
Submit Enrollment	

Benefit Plans

Medical	Dental	Vision
-------------------------	------------------------	------------------------

Step 19: You **MUST** click **SUBMIT ENROLLMENT** to submit your benefit elections to the Benefits Department. Click the “Submit Enrollment” button to complete your submission.

← Benefit Details Benefits Enrollment Home Search Menu Help

New Hire
As a new hire you must enroll in benefits within 30 days from your date of hire.
If you do not enroll it will result in no coverage for yourself and any dependents.
After your initial enrollment, the only time you may change your benefit choices is during Open Enrollment or after a qualified family status change occurs.
You will be unable to make changes to your benefits after 30 days from your hire date, so please carefully review all selections and submit your elections.
Please have social security numbers for all dependents before starting benefits enrollment. You must provide dependent documentation to the Benefits Department. This documentation may include the following: birth certificates, adoption records, court orders, marriage license and tax return.
If you are enrolling your dependents, you **MUST** provide dependent documentation within 14 days of your enrollment. Failure to provide the required information will cause your dependents to be dropped from all benefits.
You will be able to view your benefits by clicking on the Benefits Summary option in My Self Service.

▼ Enrollment Summary

Your Pay Period Cost \$0.00	Full Cost \$0.00
Status: Changed - Resubmit Required	
Enrollment Preview Statement	
Submit Enrollment	

Benefit Plans

Resources
[FBISD Benefits Handbook](#)

Once you submit, you will have a chance to review your “Enrollment Preview Statement.” It will provide an overview of the plans, cost, and covered dependents/beneficiaries you have selected for enrollment.

Step 20: If there are any errors within your enrollment, you will receive an error message similar to the one below. Select the “Close” button and go back to the Enrollment Summary. You will need to correct your errors before you can submit your final benefit choices.

[← Benefit Details](#) Benefits Enrollment

New Hire

As a new hire you must enroll in benefits within 30 days from your date of hire.
If you do not enroll it will result in no coverage for yourself and any dependents.
After your initial enrollment, the only time you may change your benefit choices is during Open Enrollment or after a qualified family status change occurs.

You will be unable to make changes to your benefits after 30 days from your hire date, so please have social security numbers for all dependents before starting benefits enrollment, marriage license and tax return.

If you are enrolling your dependents, you MUST provide dependent documentation within 30 days of your hire date.

You will be able to view your benefits by clicking on the Benefits Summary option in My Self Service.

▼ Enrollment Summary

Your Pay Period Cost **\$0.00**

Status **Error on Submit**

[Enrollment Preview Statement](#)

[Submit Enrollment](#)

Benefit Plans

[Medical](#)

Benefits Alerts [Close](#)

Error and warning statements here listing the errors and warnings for the entire benefits enrollment.

- Medical Error** You are required to make a selection for this benefit plan. The system will not default a benefit choice for you. Go back to the benefit page and make a selection.
- Dental Error** You are required to make a selection for this benefit plan. The system will not default a benefit choice for you. Go back to the benefit page and make a selection.
- Vision Error** You are required to make a selection for this benefit plan. The system will not default a benefit choice for you. Go back to the benefit page and make a selection.
- MetLife Accident Error** You are required to make a selection for this benefit plan. The system will not default a benefit choice for you. Go back to the benefit page and make a selection.

IMPORTANT NOTE: Elections will not be submitted unless the “Submit Enrollment” button is clicked and there are no remaining errors!

Step 21: Once submitted, click “View,” then “Print View” to print or save your confirmation page as proof of enrollment and to check to make sure everything is selected correctly.

[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

Statement Type: Submitted Enrollment Description: 2026 Open Enrollment

Enrollment Effective Date: 01/01/2026 Statement Issue Date: 09/12/2025 2:19PM

This statement records your submission of the 2026 Open Enrollment Open Enrollment benefit elections and pay period costs, dependent information, and beneficiary information. If an error was made in recording your elections, you can return to this event before the enrollment period ends. Contact the Benefits Department at benefits@fortbendisd.com if you have further questions.

[Print View](#)

Statement Sections

[Expand All](#)

- > Personal Information
- > Cost Summary
- > Election Summary
- > Dependents and Beneficiaries
- > Dependent Enrollments
- > Beneficiary Designations
- > Investment Allocations

After viewing your elections, you can click “X” to return to the Benefits Enrollment page.

Step 22: Once you have successfully submitted your enrollment, you can see the date it was completed when you click “Summary” on the last tab on the left and you see a date under “Date Completed.”

Open Enrollment

Enrollment Period 09/01/2025 - 10/31/2025

Previous

Acknowledgement

2026 Benefits Overview

Personal Information

Dependent/Beneficiary Info

Benefits Summary

Benefits Enrollment

Benefits Statements

Summary

Summary

If you have submitted your enrollment, review your elections on the Benefits Statements step and keep a copy of your elections as a record. If you have not completed your elections, go to the Benefits Enrollment step, and complete your elections and select the Submit Enrollment button.

You can return to this event before 11:59PM CST, 10/31/2025 by selecting the Open Enrollment tile on Employee Self Service. Once the open enrollment period ends, your elections will be validated and finalized. Failure to complete open enrollment will result in discontinued benefits for the 2025 benefit plan year. Contact the benefits department at benefits@torbendad.com if you have further questions.

Steps

Step	Status	Date Completed	Required	Go to Step
Acknowledgement	Complete	09/12/2025	Yes	Go to Step
2026 Benefits Overview	Visited		No	Go to Step
Name	Not Started		No	Go to Step
Home and Mailing Address	Not Started		No	Go to Step
Contact Information	Not Started		No	Go to Step
Dependent/Beneficiary Info	Not Started		No	Go to Step
Benefits Summary	Not Started		No	Go to Step
Benefits Enrollment	Complete	09/12/2025	Yes	Go to Step
Benefits Statements	Not Started		No	Go to Step

Step 23: You can view all completed/submitted benefit statements by clicking “Benefits Statements.”

Acknowledgement

2026 Benefits Overview

Personal Information

Dependent/Beneficiary Info

Benefits Summary

Benefits Enrollment

Benefits Statements

Summary

Statement Type

3 rows

Event Date %	Issue Date %	Enrollment Event %	Statement Type %
01/01/2026	09/12/2025 2:19:59PM	2026 Open Enrollment	Submitted Enrollment
01/01/2024	01/12/2024 11:55:14AM	2024 Open Enrollment	Confirmation Statement
01/01/2023	02/13/2023 9:12:52AM	2023 Open Enrollment	Confirmation Statement