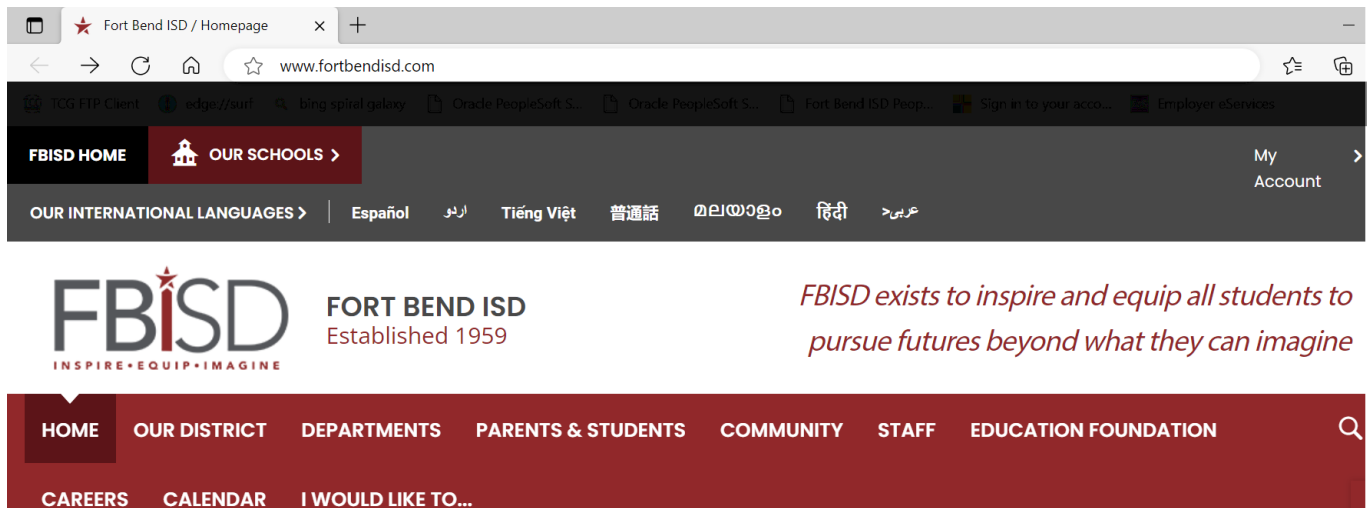


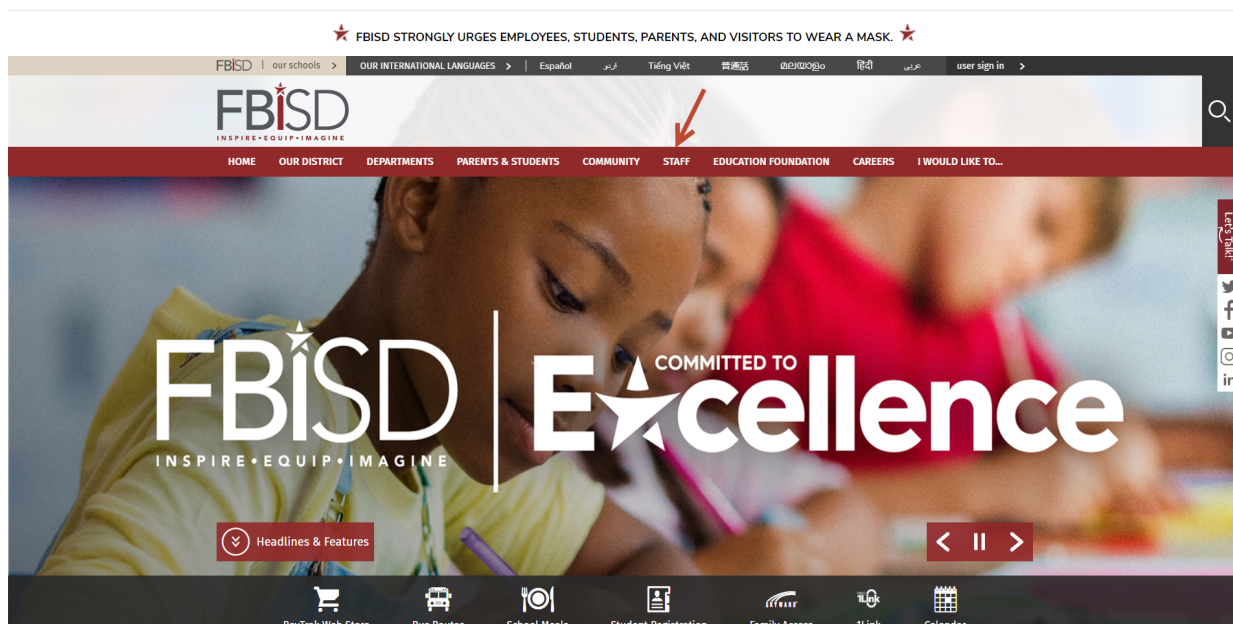
2025 My Self-Serve Job Aid

Employee Benefits Open Enrollment

1. Go to www.fortbendisd.com



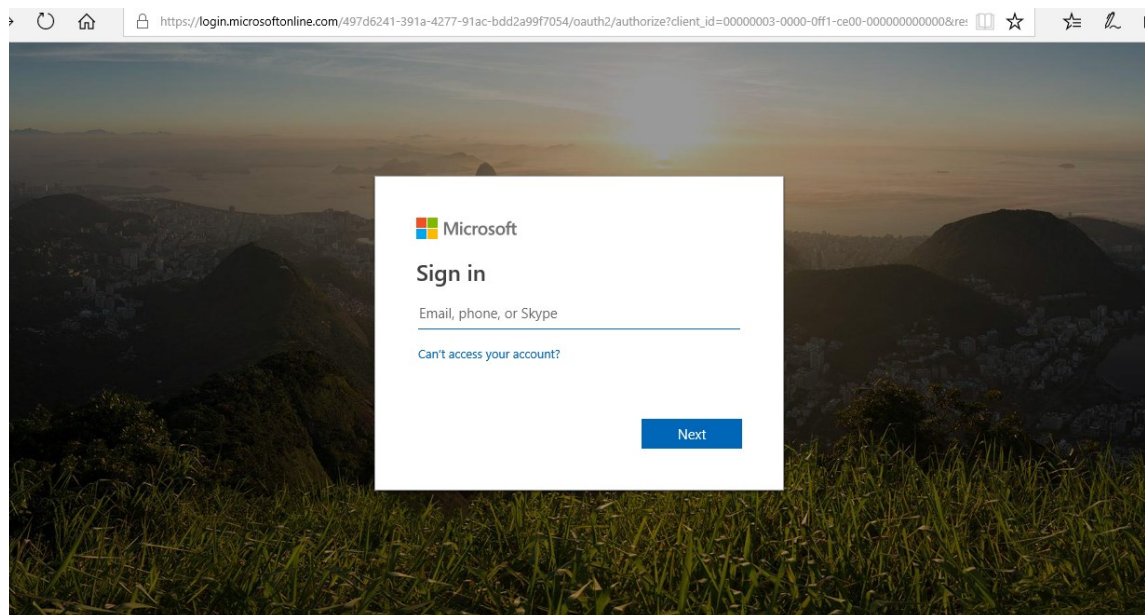
2. Click on the Staff link



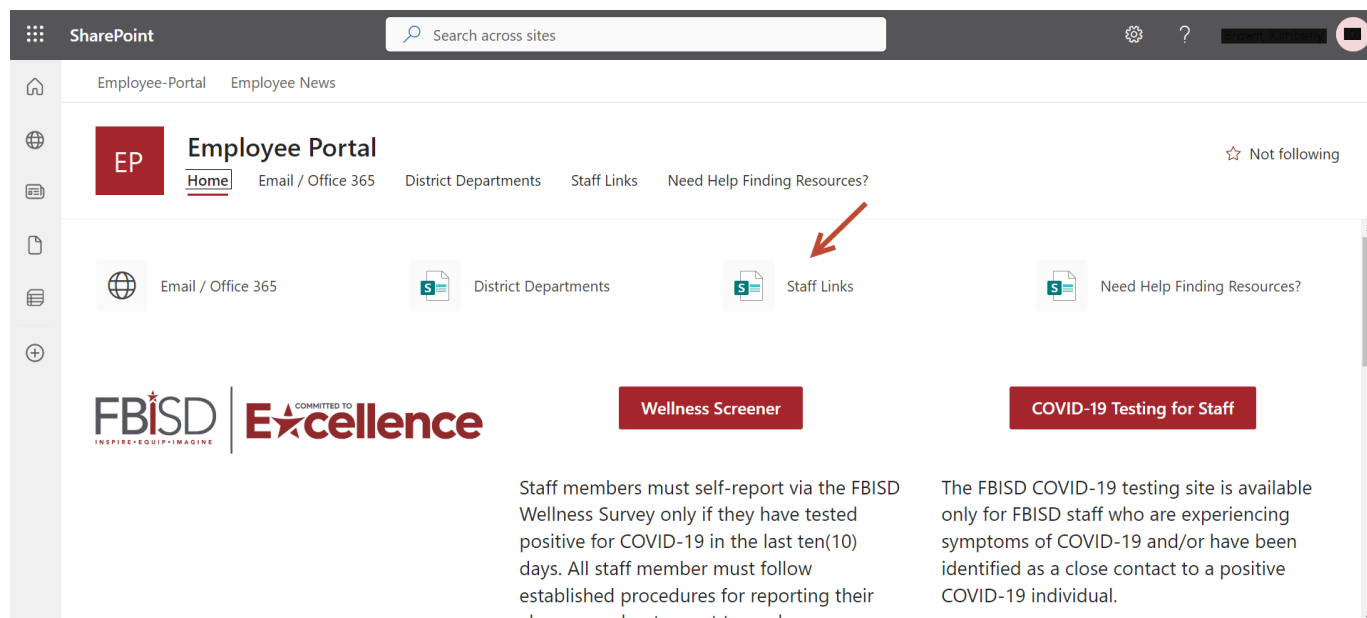
3. Log in using your Fort Bend ISD credentials

Email is firstname.lastname@fortbendisd.gov

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 to log in using your Fort Bend ISD credentials

EP

Employee Portal

Home

Email / Office 365

District Departments

Staff Links

Need Help Finding Resources?

Send to

Staff Links

Wellness Screening

Taleo Admin Portal

IT Help Site

EdConnect

Focus on Learning - Whova

Mileage Reimbursement

Online Textbooks

Student Info (Accessible within FBISD Network Only)

Support Portal (Formerly CRM)

Taleo - Internal Applicants

Blackboard Connect

Edgenuity (1Link Login)

Employee ID Lookup

My Self-Serve

PeopleSoft Financials (Accessible within FBISD Network Only)

Success Ed

ReadySub Absence Management

JDXpert

District Phone Directory

Fundraiser Request Form

Employee Benefits

Naviance

1Link/Schoolology

MyFortBendISD Portal

FBISD Leader Resources

ODSuite (On Data Suite)

eLearning

Laptop User Agreement

New Teacher Orientation (NTO)

Skyward

6. Click Open Enrollment.

Employee Self Service

Open Enrollment

Starts now until 10/31/2024. Your final enrollment must be submitted by 11:59 PM CST, 10/31/2024

Countdown to Open Enrollment Deadline:

Days HH MM SS

52 09:22:15

7. The Activity Guide walks you through the steps to complete your Open Enrollment. Start by Clicking the Acknowledgment. **Important:** Read the Acknowledgment information, then click the box to **Agree**, then click **Save** to start your Enrollment.

Enrollment Period 9/1/2024 - 10/31/2024

Next >

<div><div>★ Acknowledgement</div><div>● In Progress</div></div>	<div>Acknowledgement</div> <div>2.</div> <div>Save</div>
<div>2025 Benefits Overview</div> <div>○ Not Started</div>	
<div>Personal Information</div> <div>○ Not Started</div>	
<div>Dependent/Beneficiary Info</div> <div>○ Not Started</div>	
<div>Benefits Summary</div> <div>○ Not Started</div>	
<div>★ Benefits Enrollment</div> <div>○ Not Started</div>	<div>Terms and Conditions</div> <div><input type="checkbox"/> I Agree 1.</div>
<div>Benefits Statements</div> <div>○ Not Started</div>	
<div>Summary</div> <div>○ Not Started</div>	

8. View 2025 Open Enrollment video here.

★ Acknowledgement

● Complete


2025 Benefits Overview

● Visited

2025 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 2025.



9. After completing your Acknowledgment, you can start Benefits Enrollment here.

<div><div>★ Acknowledgement</div><div>Complete</div></div> <div><div>2024 Benefits Overview</div><div>○ Not Started</div></div> <div><div>Personal Information</div><div>○ Not Started</div></div> <div><div>Dependent/Beneficiary Info</div><div>○ Not Started</div></div> <div><div>Benefits Summary</div><div>○ Not Started</div></div> <div><div>★ Benefits Enrollment</div><div>○ Not Started</div></div> <div><div>Benefits Statements</div><div>○ Not Started</div></div> <div><div>Summary</div><div>○ Not Started</div></div>	<div>Acknowledgement</div> <div>Save</div> <div>By checking Agree you understand the following:</div> <div><ul style="list-style-type: none">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.</div> <div>You understand that this serves as a legal and binding agreement.</div> <div>For those enrolling in the Choice HSA Plan:</div> <div>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.</div> <div>Terms and Conditions</div> <div><input type="checkbox"/> I Agree</div> <div>Agreed By</div> <div>User ID FB141132</div> <div>Name [REDACTED]</div> <div>Date/Time Stamp 08/31/2023 12:07:09PM</div>
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10. Then read Important information at the top of the Benefits Enrollment page and complete your Benefits Enrollment. Click Benefits links on the Resources section of each page for Benefit plan information.

Benefits Enrollment

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

Before you begin, review the 2025 Benefits Guide located on the Benefits Resource Page: <https://flimp.live/FBISD-Employee-Resource-Center>. There you can compare plans and review premium information.

We are excited to announce that Fort Bend ISD is managing an "active" open enrollment for 2025. This means you must re-enroll in ALL benefit plans for 2025. The only benefit plans that will not require re-enrollment will be the Basic Life and AD&D and your TCG supplemental retirement plans (457/403b). Failure to complete open enrollment will result in discontinued benefits for the 2025 benefit plan year.

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

▼ Enrollment Summary

Resources

FBISD Benefits Handbook

11. To make your elections or changes, click each and every Review button. You must click Review buttons to choose, change, or waive benefits. You **MUST** also click **ALL** buttons and make a selection **BEFORE** Submitting your Benefits Enrollment elections.

Benefit Plans							Actions
Plan Type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status		Review
Medical	Choice HSA Plan	No Coverage	0 Dependents	\$0.00	Pending Review		Review
Dental	Dental HMO	No Coverage	0 Dependents	\$0.00	Pending Review		Review
Vision	Vision - Before Tax	No Coverage	0 Dependents	\$0.00	Pending Review		Review
Accident	Accident Plan-Low	No Coverage	0 Dependents	\$0.00	Pending Review		Review
Critical Illness	Waive	No Coverage	0 Dependents	\$0.00	Pending Review		Review
Cancer	Waive	No Coverage	0 Dependents	\$0.00	Pending Review		Review
Hospital Indemnity	Waive	No Coverage	0 Dependents	\$0.00	Pending Review		Review
LegalShield	Legal Plan	No Coverage	0 Dependents	\$0.00	Pending Review		Review
Education Foundation Donation	Waive	No Coverage	0 Dependents	\$0.00	Pending Review		Review
Life	Basic Life \$25,000	Basic Life \$25,000	2 Beneficiaries	\$0.00	Pending Review		Review
Supplemental Life & AD&D - EE	Supp Life and AD&D- Employee \$250,000	No Coverage		\$0.00	Pending Review		Review
AD and D	Basic AD&D \$25,000	Basic AD&D \$25,000	2 Beneficiaries	\$0.00	Pending Review		Review
Supplemental Life and AD&D SP	Supp Life and AD&D- Spouse \$110,000	No Coverage		\$0.00	Pending Review		Review
Supplemental Life and AD&D CH	Supp Life and AD&D - Child \$10,000	No Coverage		\$0.00	Pending Review		Review
Short-Term Disability	Waive	No Coverage		\$0.00	Pending Review		Review
Long-Term Disability	Waive	No Coverage		\$0.00	Pending Review		Review
403(b)	TCG 0%	TCG 0%			Not Available		Review
FlexSpending Healthcare	Waive	No Coverage		\$0.00	Pending Review		Review
FlexSpending Dependent Daycare	Waive	No Coverage		\$0.00	Pending Review		Review
Health Savings Account	Waive	No Coverage		\$0.00	Pending Review		Review

Click ALL Required fields below, in order to Submit your Benefits Enrollment elections.

Benefit Plans

Medical

Current: Choice HSA Plan

New: No Coverage

Status: Pending Review

0 Dependents

Pay Period Cost \$0.00

Review

Dental

Current: Dental HMO

New: No Coverage

Status: Pending Review

0 Dependents

Pay Period Cost \$0.00

Review

Vision

Current: Vision - Before Tax

New: No Coverage

Status: Pending Review

0 Dependents

Pay Period Cost \$0.00

Review

Accident

Current: Accident Plan-Low

New: No Coverage

Status: Pending Review

0 Dependents

Pay Period Cost \$0.00

Review

Critical Illness

Current: Waive

New: No Coverage

Status: Pending Review

0 Dependents

Pay Period Cost \$0.00

Review

Cancer

Current: Waive

New: No Coverage

Status: Pending Review

0 Dependents

Pay Period Cost \$0.00

Review

Hospital Indemnity

Current: Waive

New: No Coverage

Status: Pending Review

0 Dependents

Pay Period Cost \$0.00

Review

LegalShield

Current: Legal Plan

New: No Coverage

Status: Pending Review

0 Dependents

Pay Period Cost \$0.00

Review

Education Foundation Donation

Current: Waive

New: No Coverage

Status: Pending Review

0 Dependents

Pay Period Cost \$0.00

Review

Life

Current: Basic Life \$25,000

New: Basic Life \$25,000

Status: Pending Review

2 Beneficiaries

Pay Period Cost \$0.00

Review

Supplemental Life & AD&D - EE

Current: Supp Life and AD&D- Employee \$250,000

New: No Coverage

Status: Pending Review

Pay Period Cost \$0.00

Review

AD and D

Current: Basic AD&D \$25,000

New: Basic AD&D \$25,000

Status: Pending Review

2 Beneficiaries

Pay Period Cost \$0.00

Review

Supplemental Life and AD&D SP

Current: Supp Life and AD&D- Spouse \$110,000

New: No Coverage

Status: Pending Review

Pay Period Cost \$0.00

Review

Supplemental Life and AD&D CH

Current: Supp Life and AD&D - Child \$10,000

New: No Coverage

Status: Pending Review

Pay Period Cost \$0.00

Review

Short-Term Disability

Current: Waive

New: No Coverage

Status: Pending Review

Pay Period Cost \$0.00

Review

Long-Term Disability

Current: Waive

New: No Coverage

Status: Pending Review

Pay Period Cost \$0.00

Review

403(b)

Current: TCG 0%

New: TCG 0%

Status: Not Available

Pay Period Cost \$0.00

Review

FlexSpending Healthcare

Current: Waive

New: No Coverage

Status: Pending Review

Pay Period Cost \$0.00

Review

FlexSpending Dependent Daycare

Current: Waive

New: No Coverage

Status: Pending Review

Pay Period Cost \$0.00

Review

Health Savings Account

Current: Waive

New: No Coverage

Status: Pending Review

Pay Period Cost \$0.00

Review

12. Choose the plan by clicking on the appropriate **Select** button. After selecting each plan, click **Done**.

▼ 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 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 type="button" value="Select"/>	Kelsey UHC Charter		\$80.23		\$80.23
<input type="button" value="Select"/>	Choice HSA Plan		\$31.05		\$31.05
<input type="button" value="Select"/>	Surest		\$88.67		\$88.67
<input type="button" value="Select"/>	Waive				\$0.00

[Overview of All Plans](#)

All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured. You are also automatically enrolled in the prescription drug program when you enroll in one of the medical plans.

Please click on the link for additional information concerning the medical plans offered through FBISD: <https://flimp.live/ysxcdrtt8>

The Surest Plan is a consumer driven option that encourages low cost, efficient care without restricting member choice.

The Choice HSA plan is a high deductible health plan that includes a **health savings account**. In addition, there will be an annual employer contribution amount of \$500 Individual / \$1000 Family coverage.

IMPORTANT NOTE: If you enroll in the Choice HSA (Health Spending Account) Plan, you are not eligible to enroll in the Health Flexible Spending Account. However, you can enroll in the Dependent Care Flexible Spending Account.

Resources

[UHC KELSEY CHARTER PLAN](#)
[CHOICE HSA PLAN](#)
[SUREST](#)

▼ 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.

13. Kelsey Plan Enrollees: You must enter the following Provider ID Number: 00006773183010 in the **Primary Care Provider ID** box and click the button below to select **Yes** "Use the same provider for all dependents." This allows you to see any Kelsey Seybold Provider.

▼ Select Primary Care Provider

Enrollment in this plan requires that you select a primary care provider. You must indicate whether or not you have already established a relationship with this provider, since some providers are not accepting new patients. The primary care provider list link will provide a list of providers, if you are unsure of the provider.

*Your Primary Care Provider ID

I have visited this provider before ☐ No

Use the same provider for all dependents ☒ Yes

[Primary Care Provider List](#)

14. To **Add** a dependent, select the **Add/Update Dependent** button under Enroll Your Dependents section.

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

▼ 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

15. Then click Add Individual.

- To enroll your dependents in the benefit plans, you must submit proof of eligibility documents within 14 days of your benefits effective date.
- Please visit <https://verify.mydependents.com/FortBendISD> and register using a valid email address. You should NOT submit original documents or certified copies (which would have a raised seal). Make sure the official seal is visible on all copies. Original documents cannot be returned.
- Enter Date of Birth and Social Security numbers for ALL Dependents.

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

16. Add the dependent including name and Personal Information then Save.

Cancel

Add Individual Dependent/Beneficiary Information

3.

Save

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.

Add Name

Personal Information

2.

*Date of Birth

*Gender

*Relationship to Employee

Dependent

Beneficiary

*Marital Status

Single

As of

*Student

No

As of

*Disabled

No

As of

*Smoker

Non Smoker

As of

Address

Cancel

Name

Done

1.

Name Format

English

Name Prefix

*First Name

Middle Name

*Last Name

17. Click the x to close this window and Return to 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.

Add Individual

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

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

▼ 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

19. 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
<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

Resources

Vision

20. 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 (EE, SP, & CH)
- AD&D
- Short-Term Disability
- Long-Term Disability
- Flexible Spending Account Healthcare
- Flexible Spending Account Dependent Daycare
- Health Savings Account - Medical

21. Update Life Insurance Beneficiary information (Required for District paid Basic Life and AD&D). 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.

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

22. If you would like to enroll in a **Flexible Spending Account Healthcare** or **Flexible Spending Account Dependent Daycare (only for child care)**, click the **Select** button, then 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

23. Once you have made all of your benefit elections, your **per pay period** cost will appear at the top of the page in the Enrollment Summary. **Your Per Pay Period Cost will come out of every paycheck on the 15th and 30th/31st.**

▼ 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

24. Please review your Enrollment Preview Statement. It will provide an overview of the plans, cost, and covered dependents/beneficiaries you have selected for enrollment. YOU MUST CLICK **SUBMIT ENROLLMENT** to submit your Benefit Elections to the Benefits Department. Click **Submit Enrollment** to submit your benefit elections.

[← Benefit Details](#)

Benefits Enrollment

[Home](#)[Search](#)[Menu](#)[Close](#)

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](#)

25. If there are any errors within your enrollment, you will receive an error message similar to the image 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 all necessary documentation ready before starting your enrollment.

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.

MetLife Critical Illness 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 Cancer 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 Hospital Indemnity 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.

LegalShield 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.

Education Foundation Donation 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.

Supplemental Life & ADD - EE 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.

Short-Term Disability 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.

Long-Term Disability 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.

FlexSpending Healthcare 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.

FlexSpending Dependent Daycare 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.

Health Savings Account 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.

26. To submit your Benefit Choices, click **Submit Enrollment.**

Important Note: Elections will not be submitted unless the Submit Enrollment button is clicked and there are no remaining errors!

▼ Enrollment Summary

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

Benefit Plans

<input type="checkbox"/>	<input type="checkbox"/>
Medical	Dental
	Vision

27. Once submitted, Click **View, then **Print View** to Print or save your confirmation page as proof of Enrollment.**

Then click **x**, after printing your elections, to return to the Benefits Enrollment Page.

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		

View Submitted Enrollment		x
Statement Type	Submitted Enrollment	Description
Enrollment Effective Date	07/25/2023	Statement Issue Date
		04/17/2023 4:18PM
		Print View
This statement records your submission of the Full-Time Event Maintenance benefit selections and pay period costs, dependent information, and beneficiary information. If an error has been made in recording your elections, you can return to this event before the enrollment period ends. Contact your benefits administrator if you have further questions. Please keep the statement for your records.		
Statement Sections		
Expand All		
▶ Personal Information		
▶ Cost Summary		
▶ Election Summary		
▶ Dependents and Beneficiaries		
▶ Dependent Enrollments		
▶ Beneficiary Designations		

28. Once you have successfully submitted your enrollment, you can see the date it was completed when you click Summary.

✕ Exit

Open Enrollment

Enrollment Period 2024 - 10/31/2024

✕ Acknowledgement

● Complete

2025 Benefits Overview

○ Not Started

Personal Information

○ Not Started

Dependent/Beneficiary Info

○ Not Started

Benefits Summary

○ Not Started

✕ Benefits Enrollment

● Complete

Benefits Statements

● Visited

Summary

● Visited

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, 10/31/2024 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@fortbendisd.com if you have further questions.

Steps

Step	Status	Date Completed	Required	Go to Step
Acknowledgement	● Complete	09/09/2024	Yes	<button>Go to Step</button>
2025 Benefits Overview	○ Not Started		No	<button>Go to Step</button>
Name	○ Not Started		No	<button>Go to Step</button>
Home and Mailing Address	○ Not Started		No	<button>Go to Step</button>
Contact Information	○ Not Started		No	<button>Go to Step</button>
Dependent/Beneficiary Info	○ Not Started		No	<button>Go to Step</button>
Benefits Summary	○ Not Started		No	<button>Go to Step</button>
Benefits Enrollment	● Complete	09/09/2024	Yes	<button>Go to Step</button>

9 rows

29. You can view all completed/submitted benefits statements by clicking Benefits Statements.

✕ Acknowledgement

● Complete

2024 Benefits Overview

○ Not Started

Personal Information

○ Not Started

Dependent/Beneficiary Info

○ Not Started

Benefits Summary

● Visited

✕ Benefits Enrollment

● Complete

Benefits Statements

● Visited

Summary

● Visited

Statement Type

2 rows

Event Date	Issue Date	Enrollment Event	Statement Type
01/01/2024	09/08/2023 2:36:48PM	2024 Open Enrollment	Submitted Enrollment
01/01/2023	02/13/2023 9:12:52AM	2023 Open Enrollment	Confirmation Statement