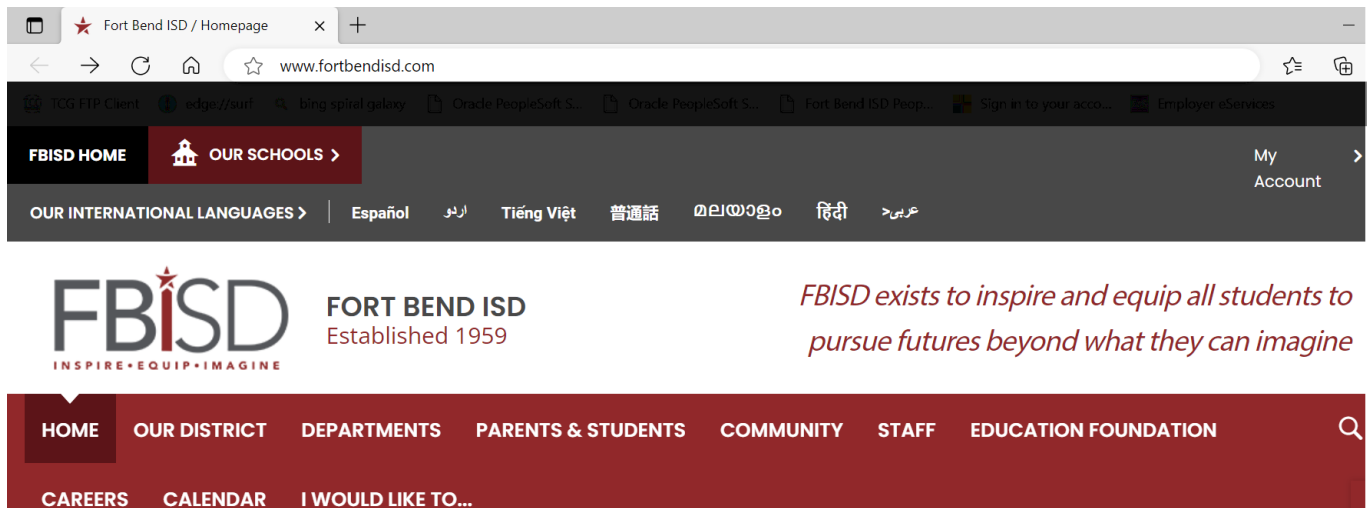
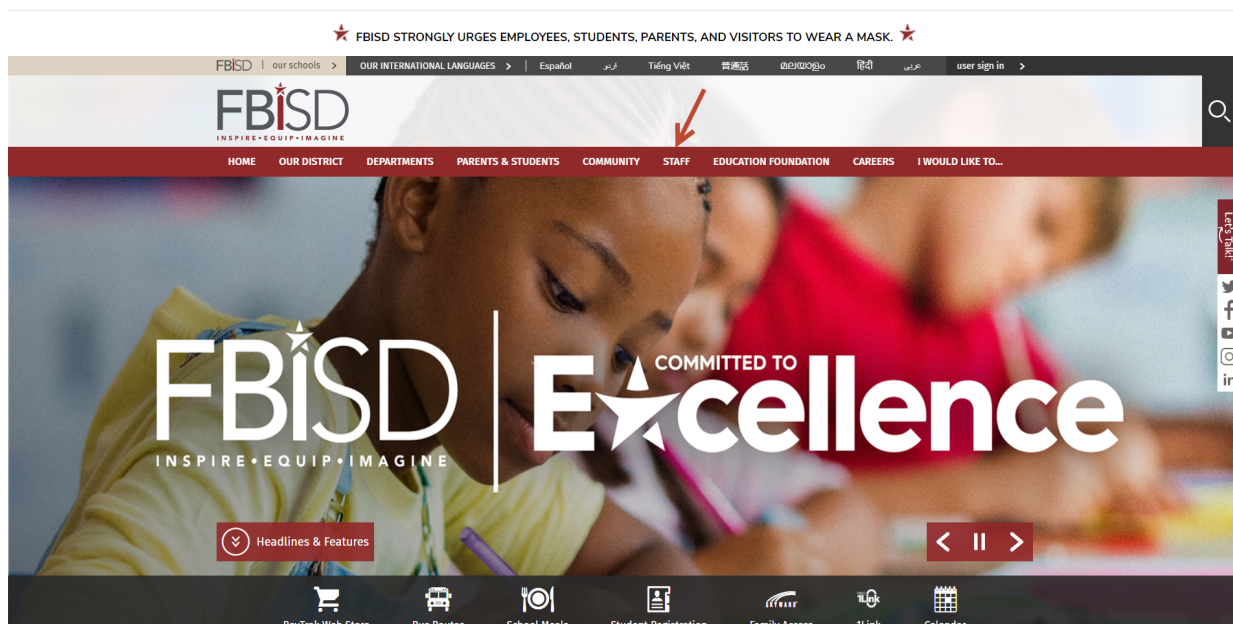


# My Self-Serve Job Aid Employee Benefits Open Enrollment

1. Go to [www.fortbendisd.gov](http://www.fortbendisd.gov)



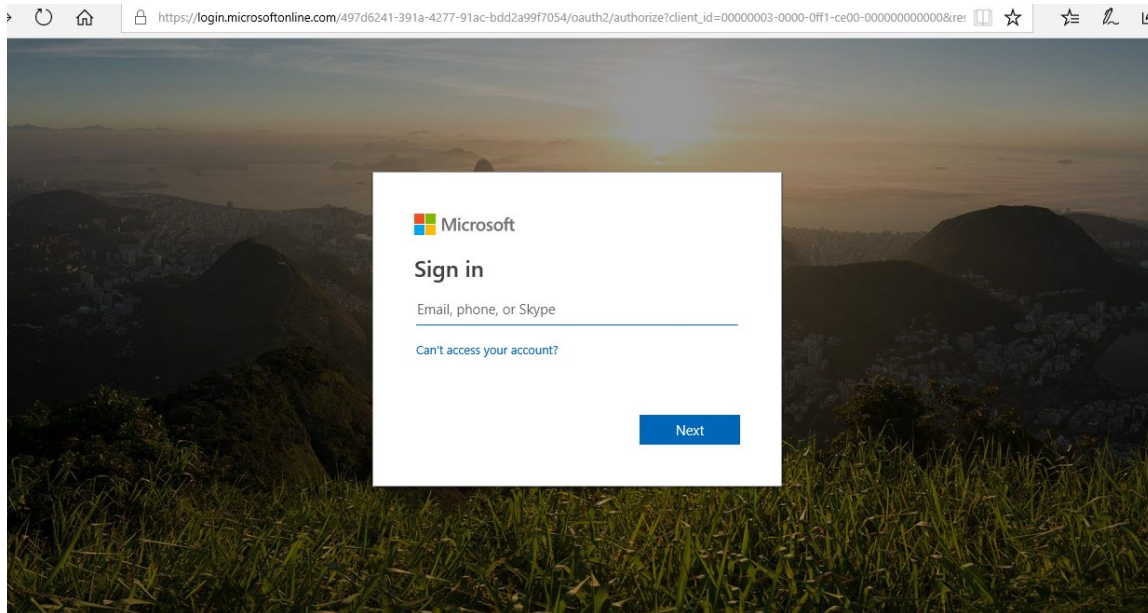
2. Click on the Staff link



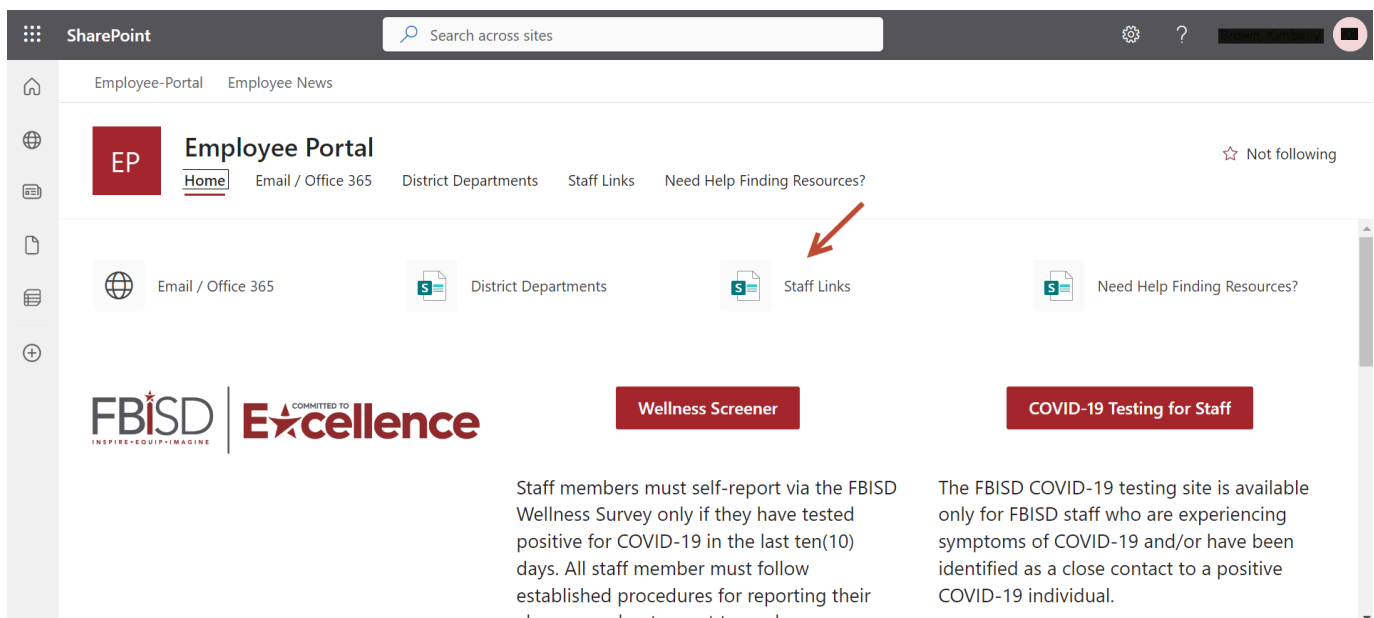
### 3. Log in using your Fort Bend ISD credentials

Email is firstname.lastname@fortbendisd.com

If you have issues logging in, please contact 281-634-1300 (x41300) between the hours of 6:30 AM and 6:00 PM Monday-Friday



### 4. Click Staff Links



**5. Click My Self-Serve 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

Staff Links


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

## 6. Click Open Enrollment.

Employee Self Service ▾

### Open Enrollment

**Starts now until 10/31/2025. Your final enrollment must be submitted by 11:59 PM CST, 10/31/2025**



Countdown to Open Enrollment

Days	HH	MM	SS
Deadline:	49	07:49:57	

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

Acknowledgement

In Progress

2025 Benefits Overview

Not Started

Personal Information

Not Started

Dependent/Beneficiary Info

Not Started

Benefits Summary

Not Started

Benefits Enrollment

Not Started

Benefits Statements

Not Started

Summary

Not Started

Acknowledgement

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.

Agree and Continue

☐ I Agree 1.

2.

Save

Next >

8. View Open Enrollment video here.

Acknowledgement

In Progress

2026 Benefits Overview

Visited

Personal Information

Not Started

2026 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.

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



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

<div><div>Acknowledgement</div><div>Complete</div></div> <div><div>2025 Benefits Overview</div><div>Valid</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><div>Acknowledgement</div></div> <div><div>By checking Agree you understand the following:</div><ul style="list-style-type: none"><li>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.</li><li>You understand that you cannot change your benefit elections until the next Open Enrollment period, unless you have a qualified family status change.</li><li>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.</li><li>You are responsible for meeting all program and deadlines for your election.</li></ul><div>You understand that this serves as a legal and binding agreement.</div></div> <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> <div><div>Terms and Conditions</div><div><input type="checkbox"/> I Agree</div><div>Agreed By</div></div> <div><div>User ID</div><div>FB</div></div> <div><div>Name</div><div></div></div> <div><div>Date/Time Stamp</div><div>09/12/2025 2:13:32PM</div></div>
--	--

## 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

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

Benefit Plans



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

▼ **Enroll in Your Plan**

The 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"/>	Nexus Plan		\$380.47		\$380.47
<input checked="" type="button" value="✓"/>	Choice Plan HRA		\$247.78		\$247.78
<input type="button" value="Select"/>	Choice Plus Plan		\$437.54		\$437.54
<input type="button" value="Select"/>	Kelsey UHC Charter		\$328.59		\$328.59
<input type="button" value="Select"/>	Choice High Deductible Plan		\$223.00		\$223.00
<input type="button" value="Select"/>	No Medical Coverage Elected				\$0.00

---

**Medical**

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://www.fortbendisd.com/cms/lib/TX01917858/Centricity/domain/143/home page/medical/2023 Medical Plan Comparison.pdf>

**IMPORTANT NOTE:** If you enroll in the Choice HRA (Health Reimbursement Account) Plan and decide to enroll in a Healthcare Flexible Spending Account (FSA) 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 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.

**Resources**

- Nexus Plan
- Choice Plus HRA
- Choice Plus
- UHC KELSEY CHARTER PLAN
- HIGH DEDUCTIBLE PLAN

## 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 ☒ Yes

Use the same provider for all dependents ☒ Yes ☐ No

[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.

- Please remember to submit dependent documentation with 14 days to your Benefits Coordinator.
- 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](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





# 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](mailto: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](mailto: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
<div><input checked="" type="checkbox"/></div> 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
<div><input checked="" type="checkbox"/></div> Jane Test	Child
<div><input checked="" type="checkbox"/></div> 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
<div><input checked="" type="checkbox"/></div> Vision - Before Tax <div>?</div>	\$8.53		\$8.53
<div>Select</div> 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.

Resources

Flexible Spending Account

▼ 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.

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

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.

Resources

FBISD Benefits Handbook

Enrollment Summary

Your Pay Period Cost \$0.00

Full Cost \$0.00

Status Changed - Resubmit Required

Enrollment Preview Statement

Submit Enrollment

Benefit Plans

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		
	<a href="#">Enrollment Preview Statement</a>		
	<a href="#">Submit Enrollment</a>		

### Benefit Plans

<a href="#">Medical</a>	<a href="#">Dental</a>	<a href="#">Vision</a>
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## 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.

<a href="#">Done</a>	<b>Benefits Alerts</b>	<a href="#">View</a>
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	<a href="#">Print View</a>
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 <a href="mailto:benefits@fortbendisd.com">benefits@fortbendisd.com</a> if you have further questions.		
Statement Sections		
<a href="#">Expand All</a>		
> Personal Information		
> Cost Summary		
> Election Summary		
> Dependents and Beneficiaries		
> Dependent Enrollments		
> Beneficiary Designations		
> Investment Allocations		



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

Open Enrollment

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

Previous

Acknowledgement

Complete

2026 Benefits Overview

Visited

Personal Information

Not Started

Dependent/Beneficiary Info

Not Started

Benefits Summary

Not Started

Benefits Enrollment

Complete

Benefits Statements

Not Started

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, 10/31/2025 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@forbendssd.com](mailto:benefits@forbendssd.com) if you have further questions.

Steps

9 rows

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

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

Acknowledgement

Complete

2026 Benefits Overview

Visited

Personal Information

Not Started

Dependent/Beneficiary Info

Not Started

Benefits Summary

Not Started

Benefits Enrollment

Complete

Benefits Statements

Visited

Summary

Visited

Statement Type

3 rows

Event Date <sup>1</sup>	Issue Date <sup>1</sup>	Enrollment Event <sup>1</sup>	Statement Type <sup>1</sup>
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