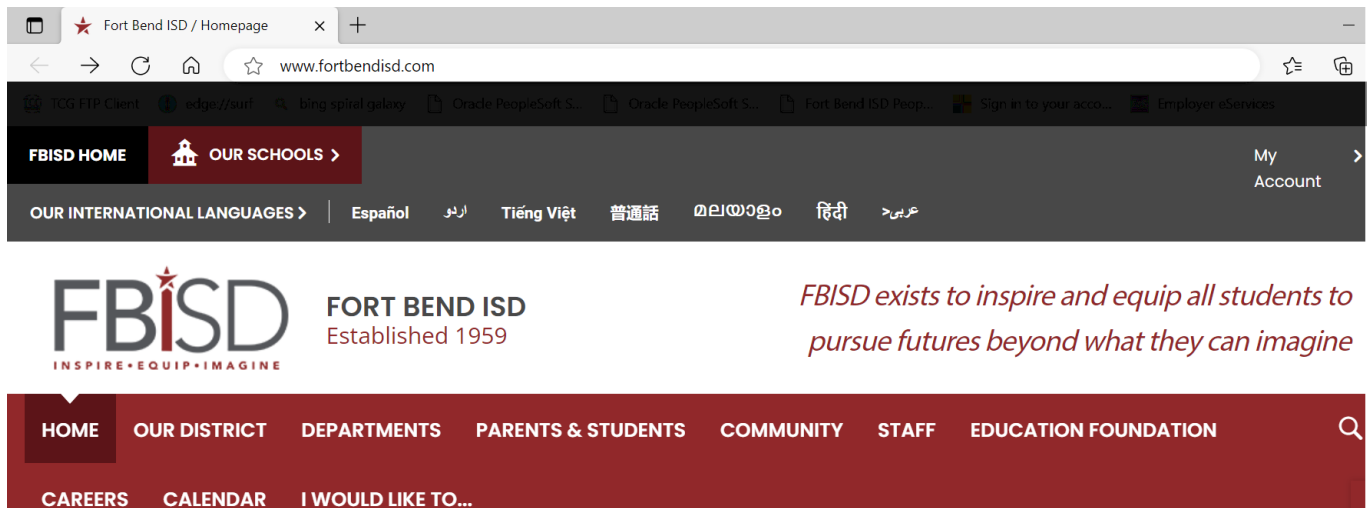


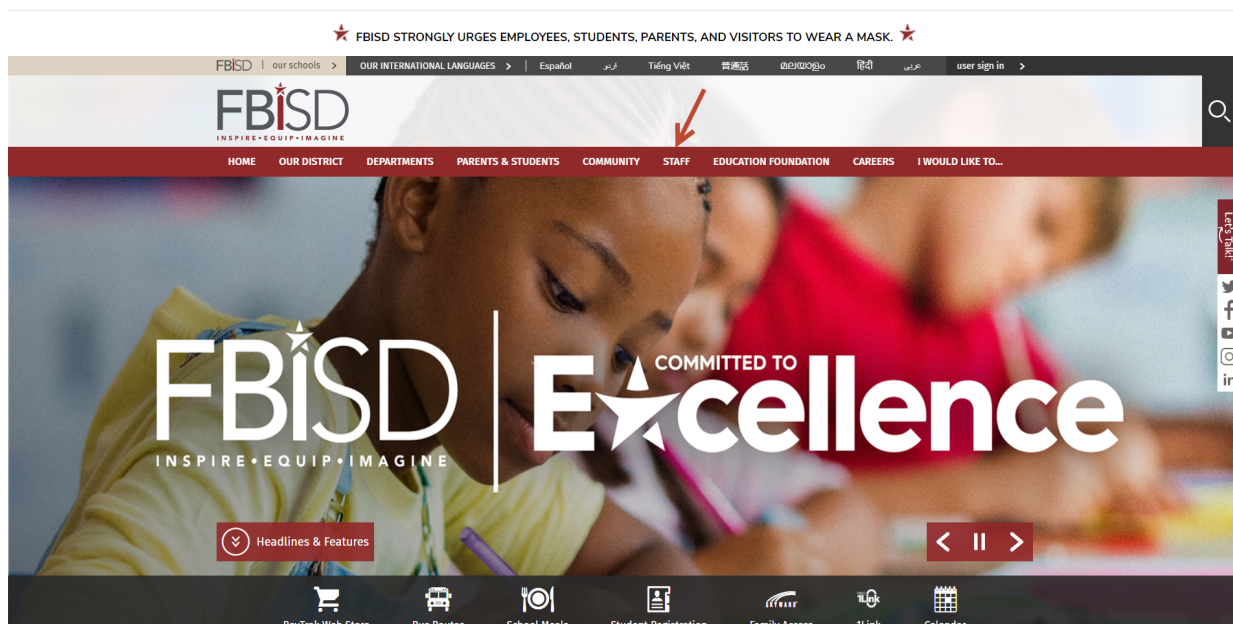
2024 My Self-Serve Job Aid

Employee Benefits Open Enrollment

1. Go to www.fortbendisd.com



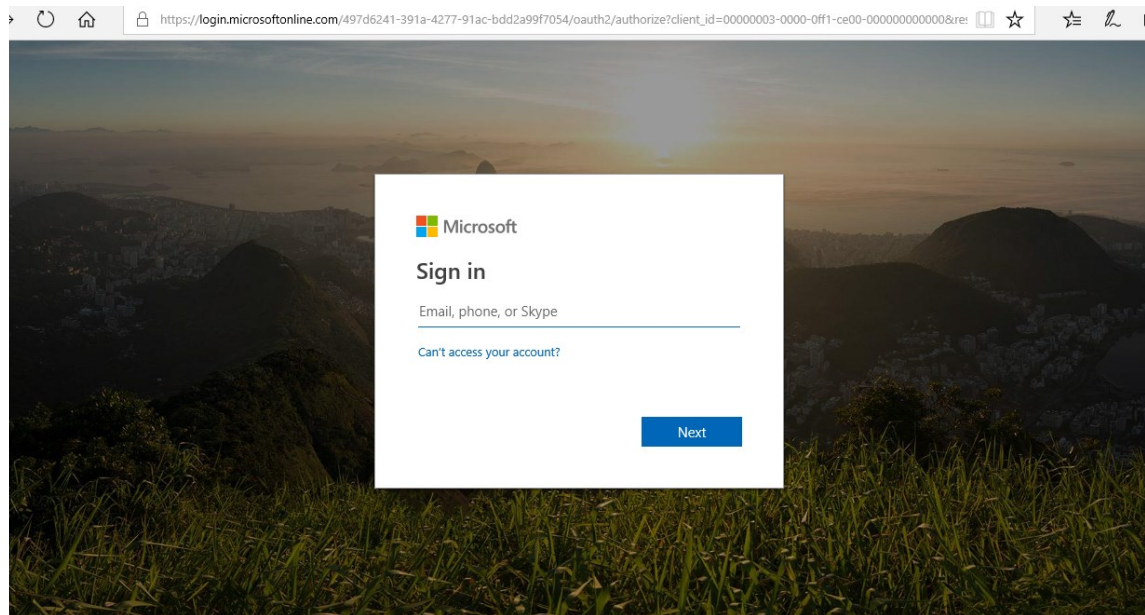
2. Click on the Staff link



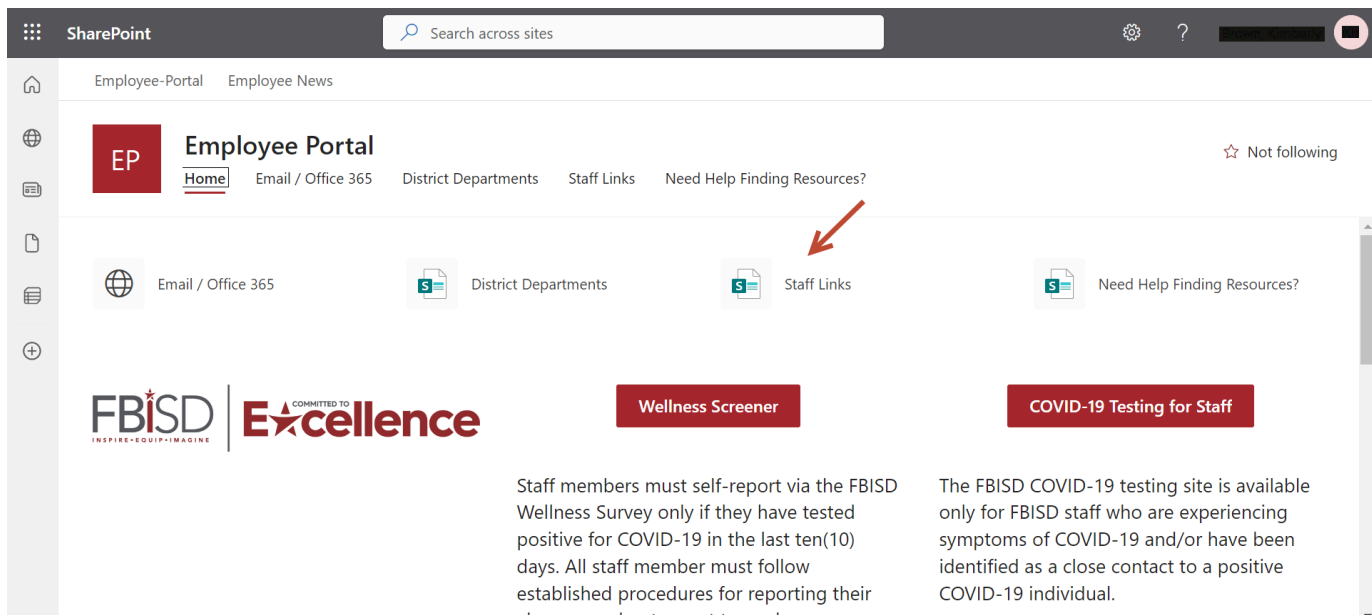
3. Log in using your Fort Bend ISD credentials

User name 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

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/Schoolology	Skyward
Student Info (Accessible within FBISD Network Only)	Success Ed		

6. Log into My Self-Serve

Username: firstname.lastname

ORACLE® PeopleSoft

User ID

Password

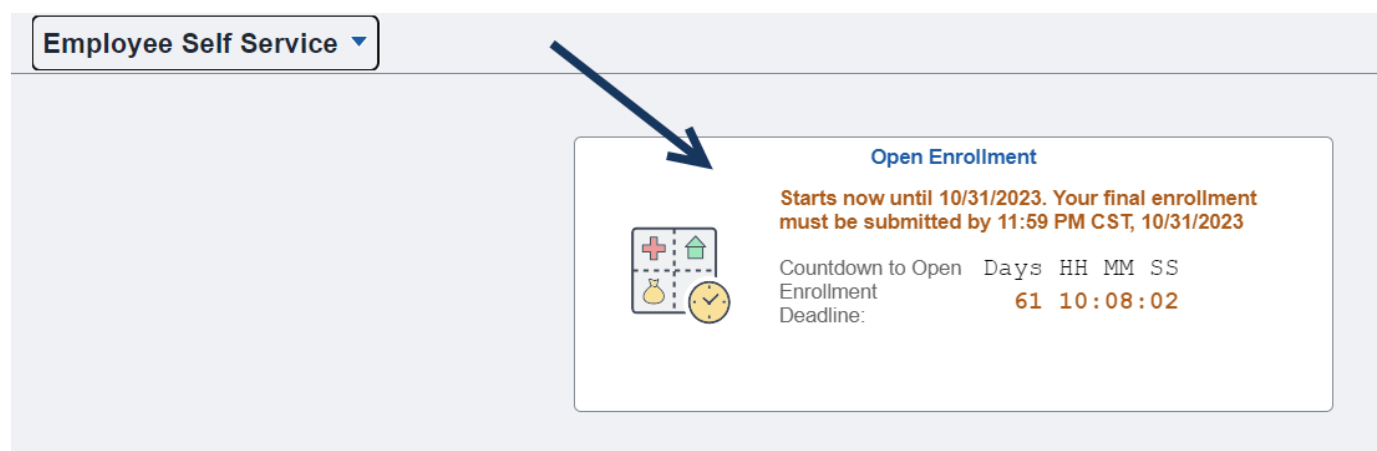
Select a Language

English

Sign In

☐ Enable Screen Reader Mode

7. Click Open Enrollment.



8. 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.

FBISD

X Exit

Open Enrollment

Enrollment Period 8/15/2023 - 10/31/2023

2024 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

In Progress

2.

Next >

Save

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.

Terms and Conditions

☐ I Agree

9. View 2024 Open Enrollment video here.

<div><div>★ Acknowledgement ● Complete</div><div>★ 2024 Benefits Overview ● Visited</div></div>	<h3>2024 Benefits Overview</h3> <p>Dear [REDACTED]</p> <p>Open enrollment is your annual opportunity to modify your benefit choices. This video provides an overview of the Employee Benefit Programs for 2024.</p> <div><p>2023 Enrollment Benefits Overview</p><p>FBISD LiveWell for a healthy life!</p></div>
---	--

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

<div><div>★ Acknowledgement ● Complete</div><div>○ 2024 Benefits Overview ○ Not Started</div><div>○ Personal Information ○ Not Started</div><div>○ Dependent/Beneficiary Info ○ Not Started</div><div>○ Benefits Summary ○ Not Started</div><div>★ Benefits Enrollment ○ Not Started</div><div>○ Benefits Statements ○ Not Started</div><div>○ Summary ○ Not Started</div></div>	<h3>Acknowledgement</h3> <p>By checking Agree you understand the following:</p> <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. <p>You understand that this serves as a legal and binding agreement.</p> <p>For those enrolling in the Choice HSA Plan:</p> <p>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.</p> <p>Terms and Conditions</p> <p><input checked="" type="checkbox"/> I Agree</p> <p>Agreed By _____</p> <p>User ID: FB141132 Name: [REDACTED]</p> <p>Date/Time Stamp: 08/31/2023 12:07:09PM</p> <p>Save</p>
--	--

11. 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.

<h3>Benefits Enrollment</h3> <p>Open Enrollment is your opportunity to modify your benefit choices for the coming calendar year.</p> <p>Before you begin, review the 2024 Benefits Guide located on the Benefits Resource Page: https://tlmp.live/FBISD-Employee-Resource-Center. There you can compare plans and review premium information.</p> <p>We are excited to announce that Fort Bend ISD is managing an "active" open enrollment for 2024. This means you must re-enroll in ALL benefit plans for 2024. 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 2024 benefit plan year.</p> <p>Note: The Enrollment Summary at the end of the elections process will provide an overview of your deductions per paycheck.</p> <p>▼ Enrollment Summary</p>	<div><div>Resources</div><div>FBISD Benefits Handbook</div></div>
--	---

12. 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	Benefit Plans	Status	Actions
Medical	No Coverage	No Medical Coverage Elected	0 Dependents	\$0.00	Benefit Plans	Visited	Review
Dental	No Coverage	Waive	0 Dependents	\$0.00		Pending Review	Review
Vision	No Coverage	Waive	0 Dependents	\$0.00		Pending Review	Review
MetLife Accident	No Coverage	Waive	0 Dependents	\$0.00		Pending Review	Review
MetLife Critical Illness	No Coverage	Waive	0 Dependents	\$0.00		Pending Review	Review
MetLife Cancer	No Coverage	Waive	0 Dependents	\$0.00		Pending Review	Review
MetLife Hospital Indemnity	No Coverage	Waive	0 Dependents	\$0.00		Pending Review	Review
LegalShield	No Coverage	Waive	0 Dependents	\$0.00		Pending Review	Review
Education Foundation Donation	No Coverage	Waive	0 Dependents	\$0.00		Pending Review	Review
Life	No Coverage	Basic Life \$25,000	0 Beneficiaries	\$0.00		Pending Review	Review
Supplemental Life & AD&D - EE	No Coverage	Waive		\$0.00		Pending Review	Review
AD and D	No Coverage	Basic AD&D \$25,000	0 Beneficiaries	\$0.00		Pending Review	Review
Supplemental Life and AD&D SP	No Coverage	Waive		\$0.00		Pending Review	Review
Supplemental Life and AD&D CH	No Coverage	Waive		\$0.00		Pending Review	Review
Short-Term Disability	No Coverage	Waive		\$0.00		Pending Review	Review
Long-Term Disability	No Coverage	Waive		\$0.00		Visited	Review
FlexSpending Healthcare	No Coverage	Waive		\$0.00		Pending Review	Review
FlexSpending Dependent Daycare	No Coverage	Waive		\$0.00		Pending Review	Review
Health Savings Account	No Coverage	Waive		\$0.00		Pending Review	Review

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

Benefit Plans

Medical

Current: No Coverage
New: No Medical Coverage Elected
Status: Visited
0 Dependents

Pay Period Cost: \$0.00

Review

Dental

Current: No Coverage
New: Waive
Status: Pending Review
0 Dependents

Pay Period Cost: \$0.00

Review

Vision

Current: No Coverage
New: Waive
Status: Pending Review
0 Dependents

Pay Period Cost: \$0.00

Review

MetLife Accident

Current: No Coverage
New: Waive
Status: Pending Review
0 Dependents

Pay Period Cost: \$0.00

Review

MetLife Critical Illness

Current: No Coverage
New: Waive
Status: Pending Review
0 Dependents

Pay Period Cost: \$0.00

Review

MetLife Cancer

Current: No Coverage
New: Waive
Status: Pending Review
0 Dependents

Pay Period Cost: \$0.00

Review

MetLife Hospital Indemnity

Current: No Coverage
New: Waive
Status: Pending Review
0 Dependents

Pay Period Cost: \$0.00

Review

LegalShield

Current: No Coverage
New: Waive
Status: Pending Review
0 Dependents

Pay Period Cost: \$0.00

Review

Education Foundation Donation

Current: No Coverage
New: Waive
Status: Pending Review
0 Dependents

Pay Period Cost: \$0.00

Review

Life

Current: No Coverage
New: Basic Life \$25,000
Status: Pending Review
0 Beneficiaries

Pay Period Cost: \$0.00

Review

Supplemental Life & AD&D - EE

Current: No Coverage
New: Waive
Status: Pending Review

Pay Period Cost: \$0.00

Review

AD and D

Current: No Coverage
New: Basic AD&D \$25,000
Status: Pending Review
0 Beneficiaries

Pay Period Cost: \$0.00

Review

Supplemental Life and AD&D SP

Current: No Coverage
New: Waive
Status: Pending Review

Pay Period Cost: \$0.00

Review

Supplemental Life and AD&D CH

Current: No Coverage
New: Waive
Status: Pending Review

Pay Period Cost: \$0.00

Review

Short-Term Disability

Current: No Coverage
New: Waive
Status: Pending Review

Pay Period Cost: \$0.00

Review

Long-Term Disability

Current: No Coverage
New: Waive
Status: Pending Review

Pay Period Cost: \$0.00

Review

FlexSpending Healthcare

Current: No Coverage
New: Waive
Status: Pending Review

Pay Period Cost: \$0.00

Review

FlexSpending Dependent Daycare

Current: No Coverage
New: Waive
Status: Pending Review

Pay Period Cost: \$0.00

Review

Health Savings Account

Current: No Coverage
New: Waive
Status: Pending Review

Pay Period Cost: \$0.00

Review

13. 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

14. 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](#)

15. 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@fortbendis.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



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

No data exists

Add Individual



17. 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

18. 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
------	--------------	-------------	-----------

19. 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

20. 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

21. 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

22. 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

23. 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

24. 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

25. 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

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

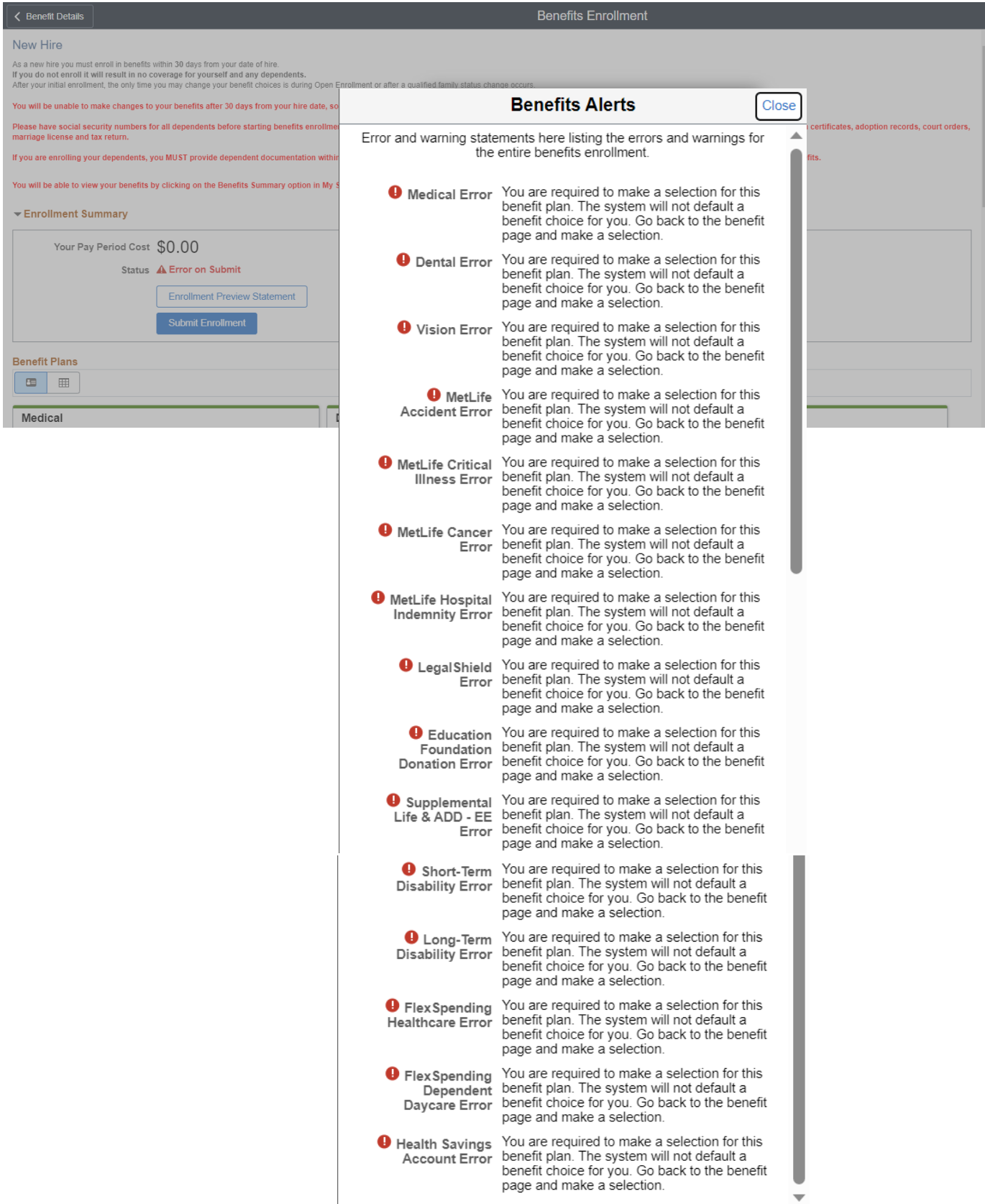
Submit Enrollment

Benefit Plans

Resources

[FBISD Benefits Handbook](#)

26. 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.



27. 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

28. 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		

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

✕ Exit

Open Enrollment

⋮

Enrollment Period █████ - 10/31/2023
██████

⏪ Previous

★ Acknowledgement
● Complete

2024 Benefits Overview
○ Not Started

▶ Personal Information
○ Not Started

Dependent/Beneficiary Info
○ Not Started

Benefits Summary
● Visited

★ 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, 10/31/2023 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 2024 benefit plan year.** Contact the benefits department at benefits@fortbendisd.com if you have further questions.

Steps

9 rows

Step	Status	Date Completed	Required	Go to Step
Acknowledgement	● Complete	09/08/2023	Yes	Go to Step
2024 Benefits Overview	○ Not Started		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	● Visited		No	Go to Step
Benefits Enrollment	● Complete	09/08/2023	Yes	Go to Step

30. You can view all completed 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