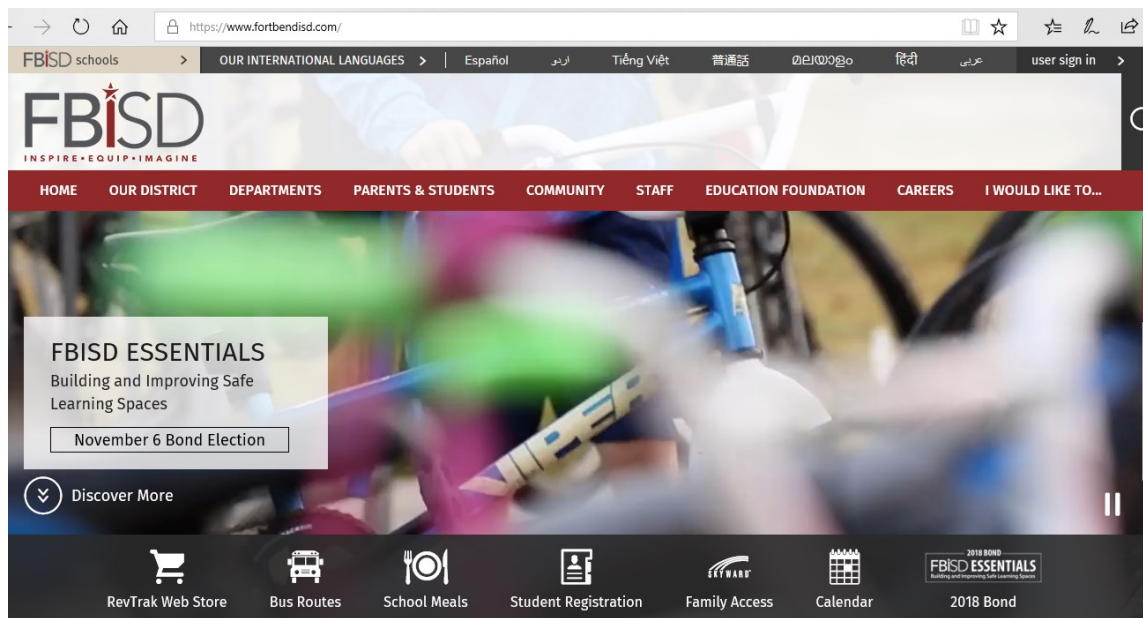


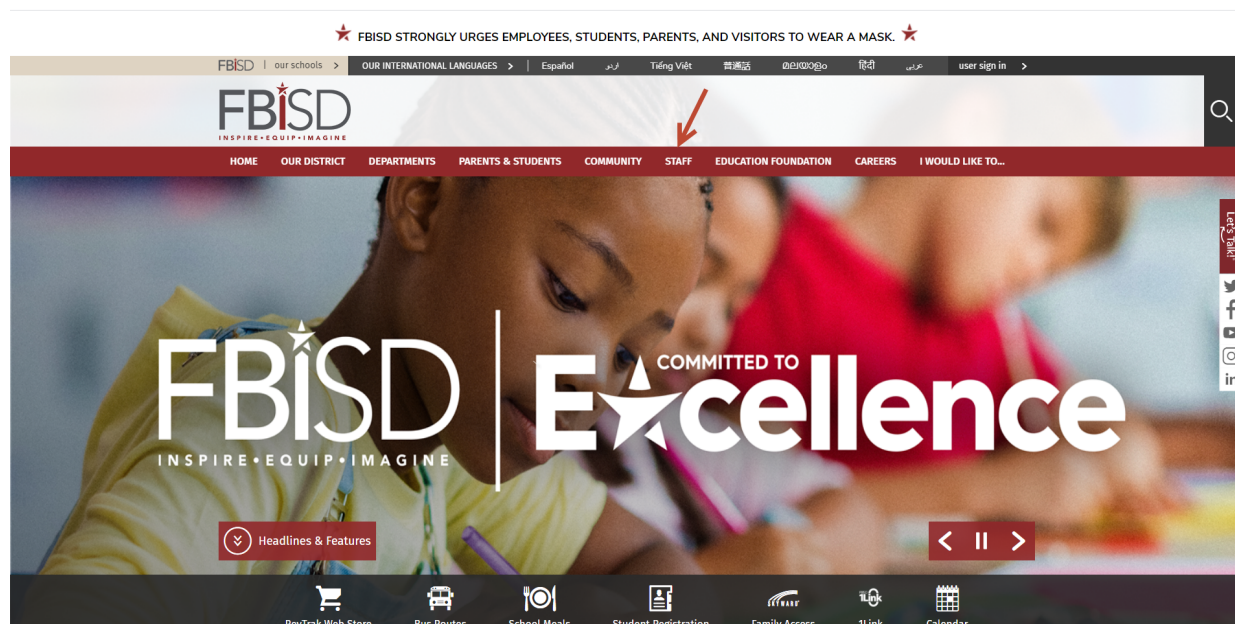
2022 My-Self Serve Job Aid

Employee Benefits

1. Go to www.fortbendisd.com



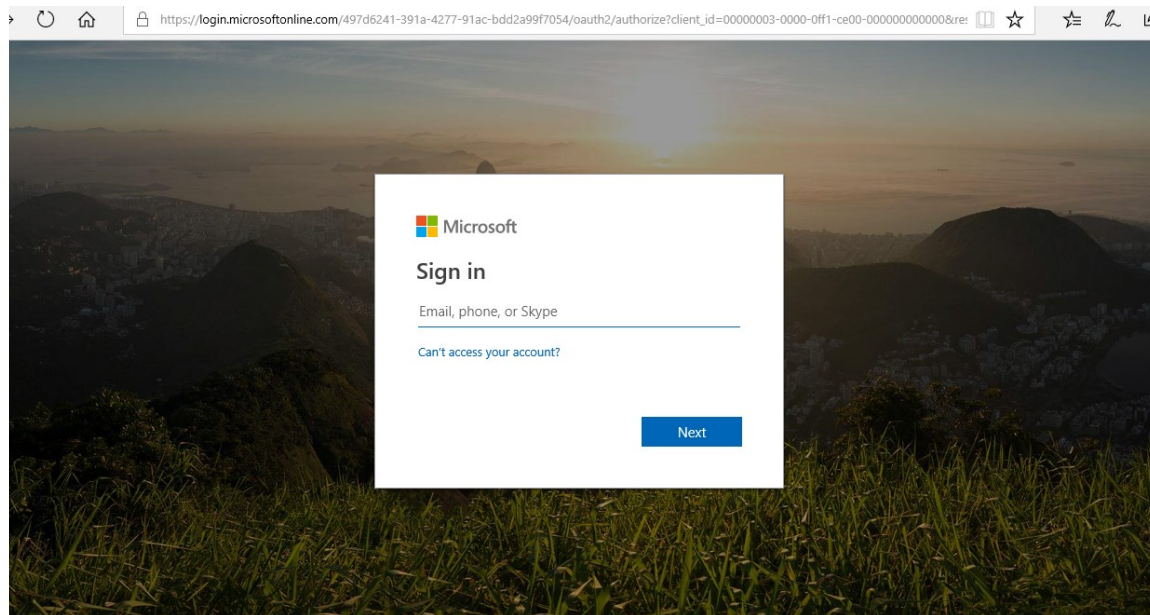
2. Click on the staff tab in the top right hand corner



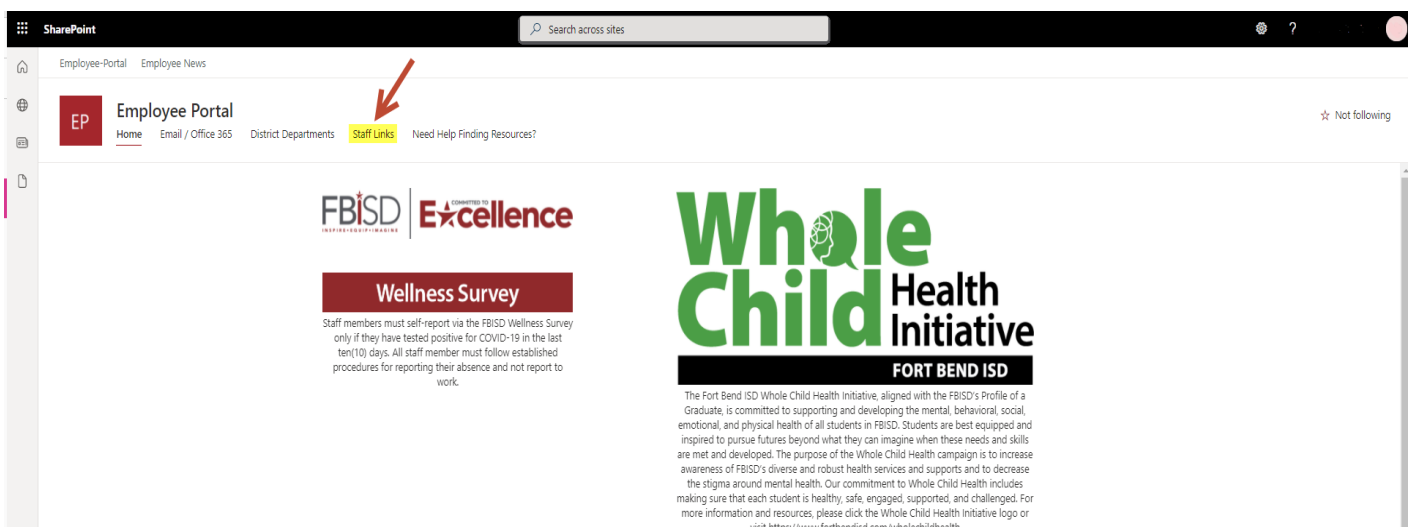
3. Log in using your Fort Bend ISD credentials

User name is `firstname.lastname@fortbendisd.com`

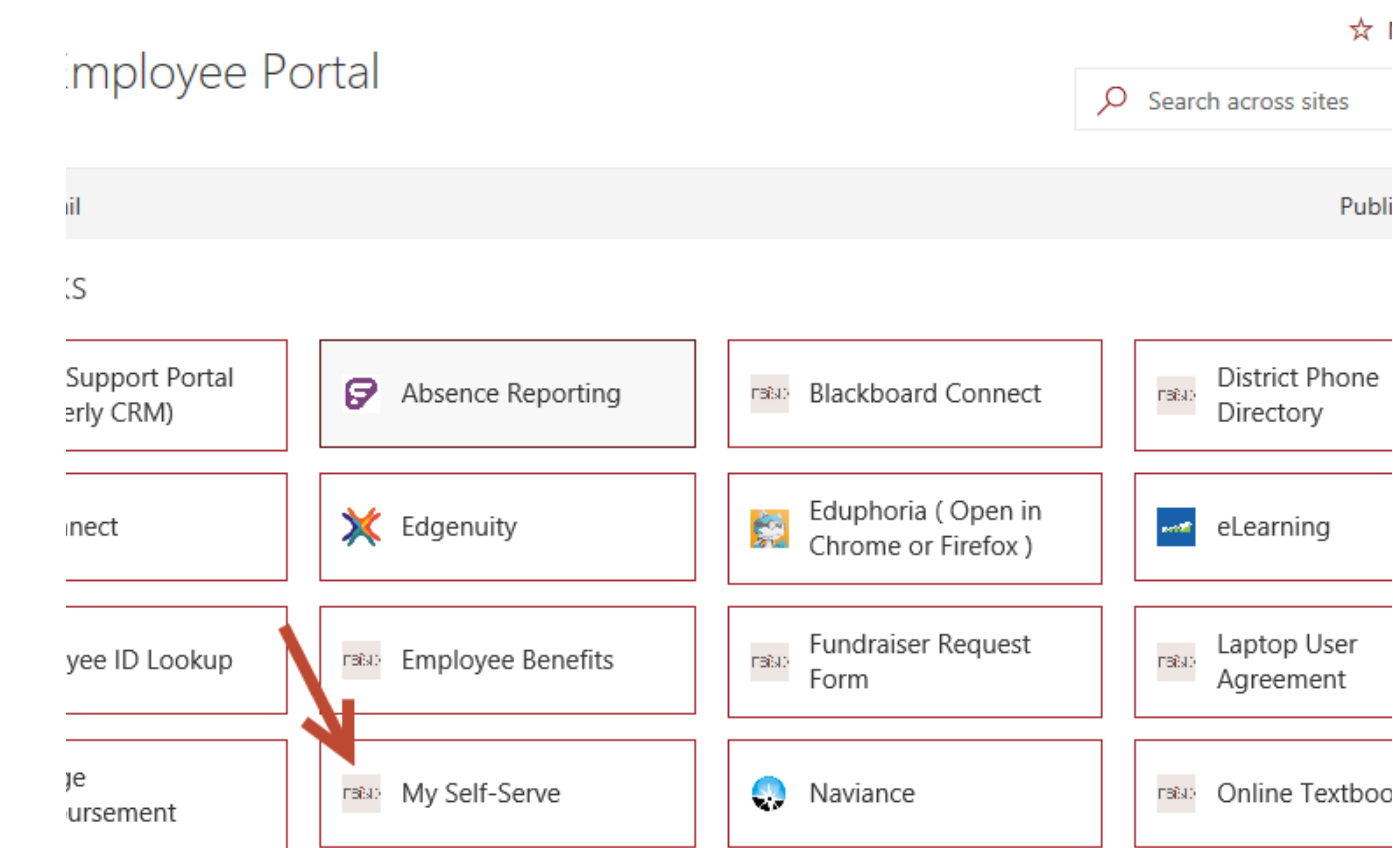
If you have issues logging in, please contact 281-634-1300 (x41300) between the hours of 6:30 AM and 6:00 PM Monday-Friday



4. Click Staff Links



5. Click My Self Serve

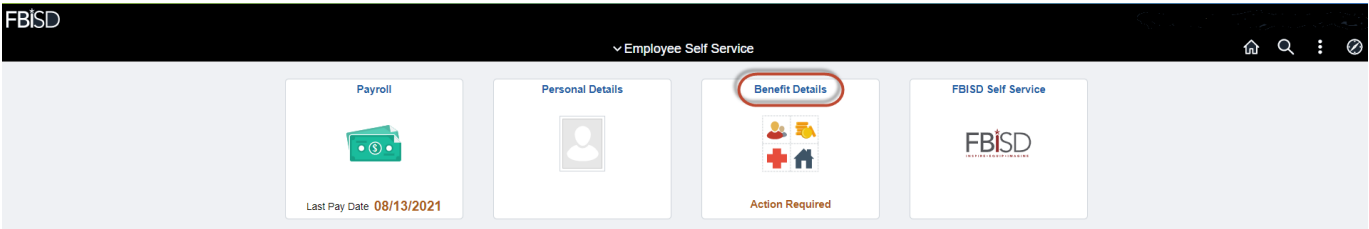


6. Log into My Self Serve

Username: firstname.lastname

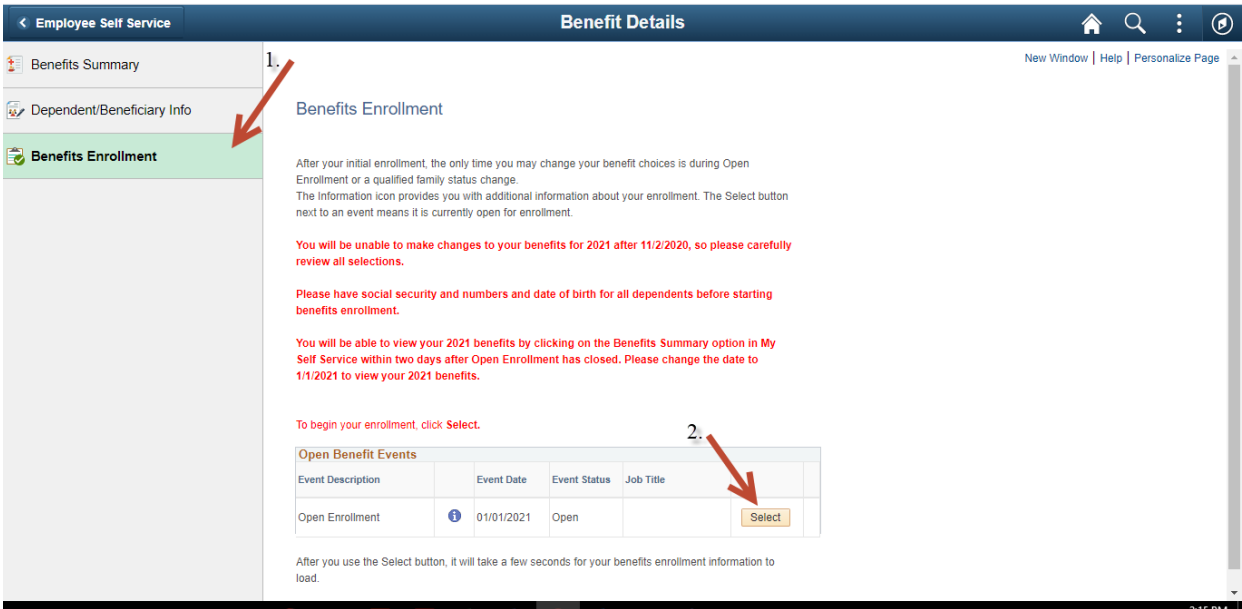
A screenshot of the Oracle PeopleSoft login page. The page has a white background with a blue header bar. The Oracle PeopleSoft logo is at the top. Below the logo are three input fields: 'User ID', 'Password', and 'Select a Language'. The 'Select a Language' dropdown menu is open, showing 'English' as the selected option. Below the input fields is a blue 'Sign In' button. At the bottom of the page, there is a checkbox labeled 'Enable Screen Reader Mode'.

7. Click Benefit Details



8. First Click on Benefits Enrollment

Second click select



9. To make your elections click the Edit button. You must Edit EVERY option.

Employee Self Service

Benefits Summary

Dependent/Beneficiary Info

Benefits Enrollment

Benefit Details

plan premiums.

Important: Your enrollment will not be complete until you click Submit to send your final choices to the Benefits Department.

Enrollment Summary

Medical	Before Tax	After Tax	Edit
Current: No Coverage			
New:			
Dental	Before Tax	After Tax	Edit
Current: No Coverage			
New:	20.85		
Vision	Before Tax	After Tax	Edit
Current: No Coverage			
New:	4.99		
LegalShield	Before Tax	After Tax	Edit
Current: No Coverage			
New:	4.99		
Education Foundation Donation	Before Tax	After Tax	Edit
Current: No Coverage			
New:	1.00		
Life	Before Tax	After Tax	Edit
Current: No Coverage			
New: Basic Life: \$25,000			
Supplemental Life & AD&D - EE	Before Tax	After Tax	Edit
Current: No Coverage			

10. Select the plan by clicking on the appropriate radio button.

Benefits Summary

Dependent/Beneficiary Info

Benefits Enrollment

☐ Nexus Plan

Coverage Level	Your Costs	Tax Class
Employee Only	\$88.67	Before-Tax
Employee + Spouse	\$287.61	Before-Tax
Employee + Child(ren)	\$245.00	Before-Tax
Family	\$380.47	Before-Tax

☐ Choice Plan HRA

Coverage Level	Your Costs	Tax Class
Employee Only	\$52.92	Before-Tax
Employee + Spouse	\$194.16	Before-Tax
Employee + Child(ren)	\$136.08	Before-Tax
Family	\$247.78	Before-Tax

☐ Choice PPO

Coverage Level	Your Costs	Tax Class
Employee Only	\$101.97	Before-Tax
Employee + Spouse	\$330.75	Before-Tax
Employee + Child(ren)	\$281.75	Before-Tax
Family	\$437.54	Before-Tax

☐ Kelsey UHC Charter

Coverage Level	Your Costs	Tax Class
----------------	------------	-----------

11. Kelsey Plan Enrollees: You must enter the following Provider ID Number: 00006773183010 in the appropriate box and select the check box “Check here to use the same provider for all your dependents.” This allows you to see any Kelsey Seybold Provider.

Employee Self Service **Benefit Details**

Benefits Summary

Dependent/Beneficiary Info

Benefits Enrollment

Dependent Beneficiary		
Enroll	Name	Relationship
<input type="checkbox"/>		

Add/Review Dependents

Choose a Primary Care Provider ID

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.

Specify a Primary Care Provider ID [Select a Provider](#)

☐ Check here if you have previously seen this provider

☐ Check here to use the same provider for all your dependents

Dependent Provider List

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

12. To enroll or add a dependent, select the Add/Review Dependents button toward the bottom of the screen.

Employee Self Service **Benefit Details**

Benefits Summary
Dependent/Beneficiary Info
Benefits Enrollment

Coverage Level: Employee Only
Your Costs: \$0.00
Tax Class: Before-Tax

Enroll Your Dependents
The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.

Dependent Beneficiary		
Enroll	Name	Relationship
<input type="checkbox"/>		

Add/Review Dependents

Update and Continue **Discard Changes**

Select the **Update and Continue** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

13. Then click Add a dependent or beneficiary.

- Please remember to submit dependent documentation with 14 days to your Benefits Coordinator.
- Enter Date of Birth and Social Security numbers for ALL Dependents.

Employee Self Service **Benefit Details**

Benefits Summary
Dependent/Beneficiary Info
Benefits Enrollment

Add/Review Dependent/Beneficiary
RACHEL ROBINSON

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent and Beneficiary Information

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled

Add a dependent or beneficiary

[Return to Event Selection](#)

14. To enroll your dependent, select the box next to their name.

Employee Self Service

Benefit Details

HomeSearchMenu

Benefits Summary

Dependent/Beneficiary Info

Benefits Enrollment

Coverage Level

Employee Only

Your Costs

\$0.00

Tax Class

Before-Tax

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	John Doe	Child

Add/Review Dependents

Update and Continue

Discard Changes

Select the Update and Continue button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the Discard Changes button to ignore all entries made on this page and return to the Enrollment Summary.

15. Once you have made your elections and added your dependent(s). Click Update and Continue.

Employee Self Service

Benefit Details

HomeSearchMenu

Benefits Summary

Dependent/Beneficiary Info

Benefits Enrollment

Coverage Level

Employee Only

Your Costs

\$0.00

Tax Class

Before-Tax

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	John Doe	Child

Add/Review Dependents

Update and Continue

Discard Changes

Select the Update and Continue button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the Discard Changes button to ignore all entries made on this page and return to the Enrollment Summary.

16. Add the dependent with all information then save.

Employee Self Service **Benefit Details**

Dependent/Beneficiary Personal Information

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Mar 1, 2019.

Personal Information

*First Name
Middle Name
*Last Name
Name Prefix
Name Suffix
Date of Birth
*Gender
Social Security Number
*Relationship to Employee

Status Information

*Marital Status Single
*Student No
*Disabled No
*Smoker Non Smoker

Address and Telephone

☒ Same Address as Employee
Country
Address

☐ Same Phone as Employee
Phone

Save

[Return to Dependent/Beneficiary Summary](#)

17. Click Return to Event Selection

Employee Self Service **Benefit Details**

Add/Review Dependent/Beneficiary

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent and Beneficiary Information

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent

Add a dependent or beneficiary

Return to Event Selection

18. Read your conformation page. It will review what plan you chose and who is enrolled. Then click Update Elections.

Employee Self Service **Benefit Details**

Benefits Summary

Dependent/Beneficiary Info

Benefits Enrollment

Your Choice

You have chosen Nexus Plan with Employee + Child(ren) coverage.

Your Estimated per pay period Cost

Your Cost

Your Covered Dependents

Primary Care Provider Details

Name	Relationship
John Doe	Child

Notes

Once submitted, this choice will take effect on 04/01/2019. Deductions for this choice will start with the pay period beginning 04/01/2019.

Update Elections **Discard Changes**

Select the **Update Elections** button to store your choices.
Select the **Discard Changes** button to go back and change your choices.

19. 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, AD&D, Disability, Flexible Spending Account Healthcare, and Flexible Spending Account Dependent Daycare.

20. Update Beneficiary information.

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.

The screenshot shows the 'Benefit Details' page in the 'Employee Self Service' system. The left sidebar has three tabs: 'Benefits Summary', 'Dependent/Beneficiary Info', and 'Benefits Enrollment' (which is highlighted in green). The main content area has a header 'Benefit Details' and a sub-header 'Allocation Details'. Below the header, there are instructions: 'If you select percents, all percents for Primary beneficiaries must total 100. All percents for Secondary beneficiaries (if any) must also total 100.' and 'If you select flat dollar amounts, then one beneficiary must be designated to receive any left over money from the policy.' There are two dropdown menus: '*Enter Primary Allocations as' and '*Enter Secondary Allocations as', both set to 'Percent'. The 'Allocation Details' table has columns: 'Name', 'Relationship', 'Current Primary Percent', 'Current Secondary Percent', 'New Primary Allocation', and 'New Secondary Allocation'. The table has three rows. The first row has '100' in the 'Current Primary Percent' column and '100' in the 'New Primary Allocation' column. The second row has '100' in the 'Current Secondary Percent' column and '100' in the 'New Secondary Allocation' column. The third row is empty. Below the table, there are two buttons: 'Update and Continue' (highlighted in yellow) and 'Discard Changes'. A red arrow points to the 'Update and Continue' button. Another red arrow points to the 'New Primary Allocation' input field in the first row of the table.

Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
		100		100	
			100		100
		Total	100	100	

21. If you would like to enroll in a Flexible Spending Account Healthcare or Flexible Spending Account Dependent Daycare (only for child care), click the Radio button, then enter your annual pledge.

The screenshot shows the 'Benefit Details' page in the 'Employee Self Service' system. The left sidebar has three tabs: 'Benefits Summary', 'Dependent/Beneficiary Info', and 'Benefits Enrollment' (which is highlighted in green). The main content area has a header 'Benefit Details' and a sub-header 'Select an Option'. Below the header, there is an information icon and text: 'Important! Your current coverage is: Waive.' and 'You are required to make a choice for this benefit plan.' There is a text box: 'Your annual pledge must be between \$120.00 and \$2,750.00, which are the limits established for this plan. You must not exceed \$7,750.00 when you add up your annual pledge amounts for all Flexible Spending Accounts.' There are two radio buttons: 'No, I do not want to enroll' and 'FSA-HEALTHCARE' (which is selected). Below the radio buttons, there is a text box: 'Annual Pledge' with a value of '1200'. Below the text box, there are two buttons: 'Update and Continue' (highlighted in yellow) and 'Discard Changes'. A red arrow points to the 'FSA-HEALTHCARE' radio button. Another red arrow points to the 'Annual Pledge' input field. A third red arrow points to the 'Update and Continue' button.

Select an Option

☐ No, I do not want to enroll

☒ FSA-HEALTHCARE

This plan requires that you specify an annual pledge amount.

Annual Pledge 1200

22. Once you have made all your elections. Your per pay period cost will appear at the bottom.

Employee Self Service

Benefit Details

Benefits Summary

Dependent/Beneficiary Info

Benefits Enrollment

Current: No Coverage
New: Disability 14/14: 66.67% of Salary

Flex Spending Healthcare

Before Tax 21.64
After Tax

Edit

Current: No Coverage
New: Waive

0.00

Flex Spending Dependent Daycare

Before Tax
After Tax

Edit

Current: No Coverage
New: Waive

0.00

This table summarizes the estimated per paycheck costs for your new benefit choices.

Election Summary

Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	\$0.00	\$0.00	\$0.00
Your Costs			

Save and Continue

Click Save and Continue to send your final choices. You must click Submit on the next page to send your elections to the Benefits Department.
Important: Your enrollment will not be complete until you click the Submit button on the next page to finalize your choices for Benefits Open Enrollment.

23. Click Save and Continue to go to the submission page for elections.

Employee Self Service

Benefit Details

Benefits Summary

Dependent/Beneficiary Info

Benefits Enrollment

Current: No Coverage
New: Disability 14/14: 66.67% of Salary

Flex Spending Healthcare

Before Tax 21.64
After Tax

Edit

Current: No Coverage
New: Waive

0.00

Flex Spending Dependent Daycare

Before Tax
After Tax

Edit

Current: No Coverage
New: Waive

0.00

This table summarizes the estimated per paycheck costs for your new benefit choices.

Election Summary

Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	\$0.00	\$0.00	\$0.00
Your Costs			

Save and Continue

Click Save and Continue to send your final choices. You must click Submit on the next page to send your elections to the Benefits Department.
Important: Your enrollment will not be complete until you click the Submit button on the next page to finalize your choices for Benefits Open Enrollment.

24. To submit your Benefit Choices click Submit.

Employee Self Service | Benefit Details

Benefits Summary | Dependent/Beneficiary Info | **Benefits Enrollment**

Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like until the enrollment deadline date. Once you click the Submit button your benefit choices will be sent to the Benefits Department for processing.

After your New Hire enrollment is closed, you will not be able to make any further benefit changes until the next Annual Enrollment period unless you have a qualified family status change. It is your responsibility to ensure that you have elected the correct benefits.

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

Authorize Elections

Texas state law provides that a digital signature may be used to authenticate written communications sent to a state agency, including a school district. Accordingly, by using this site to submit your benefit election to Fort Bend ISD, you agree and understand that the Benefits Enrollment site has the same authenticating and binding effect as a manually written signature.

By submitting your benefit choices you are authorizing the District to take deductions from your paycheck to pay for your benefits. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

Submit Cancel

Click Submit to send your final choices.

Select the Cancel button if you are not ready to submit your choices and wish to return to the Enrollment Summary.

35. Once submitted Print or save your confirmation page as PDF as proof of Enrollment.

(You may have to disable your pop up blockers.)

Elections will not be updated unless the submit button is clicked!!!!!!

Employee Self Service | Benefit Details

Benefits Summary | Dependent/Beneficiary Info | **Benefits Enrollment**

Benefits Enrollment

Submit Confirmation

Your benefit choices have been successfully submitted to the Benefits Department. You may view and change your benefits if needed until the last day of Open Enrollment, midnight on 11/2/2020.

Click PRINT XML to print your confirmation page. Please make sure you thoroughly review your confirmation statement to ensure you have the correct elections. You will need your confirmation statement as proof of your benefit elections for 2021. Make sure your pop up blocker is off so that you are able to print.

Click OK to return to the Benefits Enrollment Page.

OK **Print XML**