



Employee Self-Service Marriage/Divorce Life Event done through Self-Service

Main Menu > Self Service > Benefits>Life Event

Instructions

ACORN Page

PURPOSE: The Life Event Change allows you to add or remove a dependent/beneficiary from your benefit plans due to a Marriage or Divorce. Through this process you have the ability to review current benefits, dependent and beneficiary information.

IMPORTANT! Before beginning, you will be asked to provide some of the following documents and information during the Life Event. Be sure to scan and save the documentation to your computer in order to upload the documents in the system.

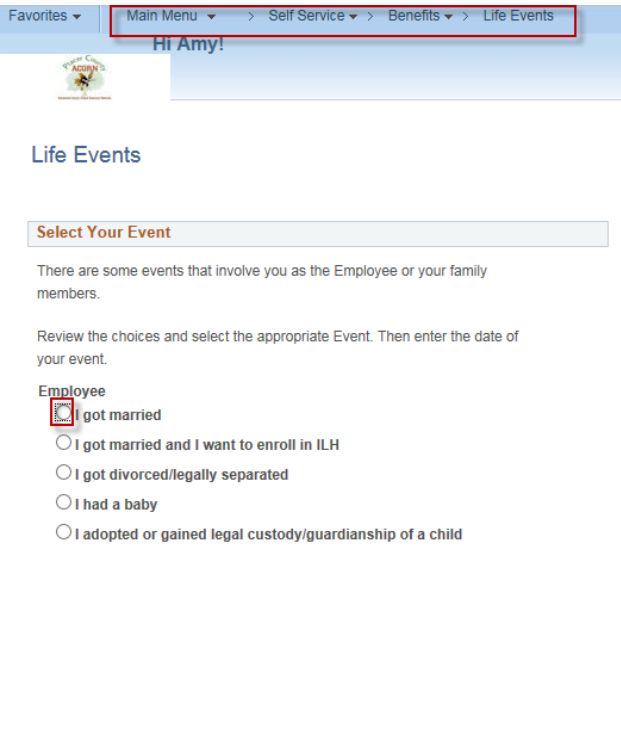
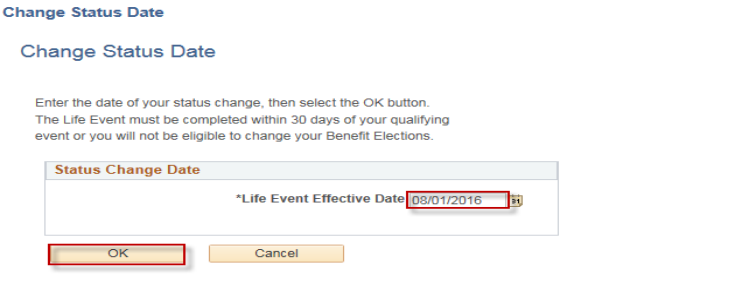
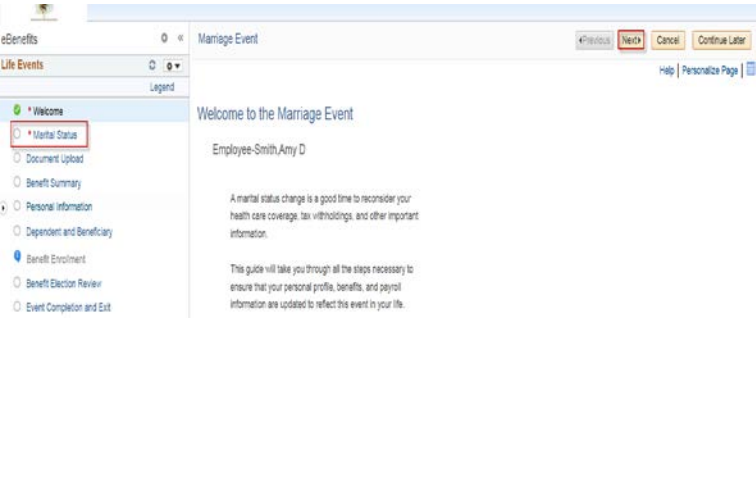
Required copies and information:

- Marriage Certificate or Certification of Domestic Partnership
If you have a Certificate of Domestic Partnership, notify the HR department **before** beginning your Life Event.
- Divorce Decree or Legal Separation Document
- Birth Certificate
If adding any children due to a marriage, copies of certificate/s are necessary. It is not necessary to submit a birth certificate for your spouse.
- Social Security Number/s
If you are not able to provide the information when adding a dependent/beneficiary through the Life Event process, you must follow up once obtained and contact the Human Resources Department.
- CalPERS Declaration of Health form
This document is ONLY required if updating your medical plan.
- Opt-Out form
This document is ONLY necessary when waiving your medical. If you have other health insurance coverage, you may waive the Placer County health insurance and take advantage of an employer contribution to a 401(k) savings plan. You will need to provide proof of other coverage. For more information, please contact the HR department.
- Deferred Compensation form/s (401K and/or 457 plan)
If in enrolling in one or both of these plans, you will need to obtain and submit an enrollment form to identify election and beneficiary information. No form is required if you have an existing account with CalPERS (Voya) or MassMutual.

For CalPERS documents and forms, log on to the Placer County Website www.placer.ca.gov.
(Click on Human Service Department, Employee Benefit Information.)

Note: If your date of marriage/divorce is more than 30 days or was effective in the previous month (prior to today's date), **STOP** and notify Human Resources for benefits coordination. You cannot do an event prior to the actual date of the event.

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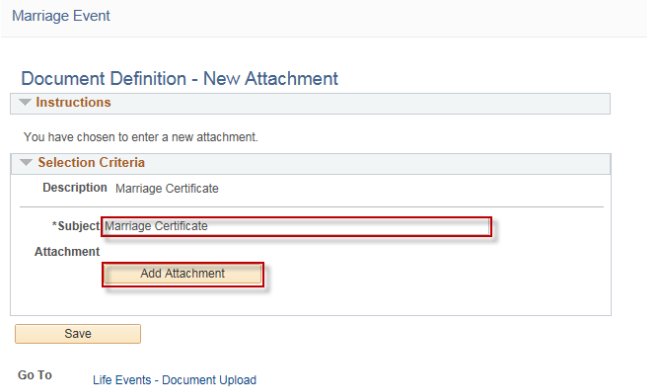
<ol style="list-style-type: none"> Navigate to the Life Events page. Main Menu > Self Service > Benefits > Life Events. Select the appropriate Life Event: <ul style="list-style-type: none"> I got married – select this option to add a spouse and/or step children to your existing plans. I got married and I want to enroll in ILH – select this option if you are currently in a medical plan, but you want to take your spouse’s medical and waive County medical to receive In Lieu of Health (ILH). I got divorced/legally separated – select this option to delete your spouse and any ineligible dependents from your benefits. <p>NOTE: If you are in a legal domestic partnership, STOP, you must notify HR before you begin.</p> 	
<ol style="list-style-type: none"> Enter the date of marriage or divorce in the “Life Event Effective Date”. Click the “OK” button. 	
<ol style="list-style-type: none"> The right side of the page is “Welcome to the Event”. Read the message to initiate your Life Event. To continue do the following: <ul style="list-style-type: none"> Select the Next button at the top right side of the page to navigate to each step in the process. <i>(recommended)</i> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> Select the Marital Status link on the left side of the page for the next step. Each link is a step in the process. 	

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<p>Note: Click on the Cancel or Continue Later if not ready to complete this event right now. If continued later, the system will start where you left off.</p>	
<p>6. Re-confirm the Life Event Date (the date MUST be the marriage or divorce date).</p> <p>7. Click on the "Change Marital Status To" dropdown arrow and select the new marital status.</p> <p>8. Click the "Submit" button.</p>	<div style="border: 1px solid #ccc; padding: 10px;"> <p style="background-color: #f0f0f0; margin-bottom: 10px;">Marriage Event</p> <p>Marital Status Change</p> <p>Employee-Smith,Amy D</p> <p><small>Fill in the following information and select the Submit button. This form must be completed within 30 days (60 days for Medical) of your marriage date (or 30 days of your divorce date) or you will not be eligible to change your benefit elections for this family status change event.</small></p> <p><small>Later, you will need to upload the appropriate documents for the marital status change: Certificate of Marriage (Marriage), Certificate of Registration (Registered Domestic Partners), or Divorce Decree (Divorce). For any medical changes upload the CalPers Declaration of Health Coverage (HBD-12A).</small></p> <p><small>Later, you will need to upload the appropriate documents for the marital status change: Certificate of Marriage (Marriage), Certificate of Registration (Registered Domestic Partners), or Divorce Decree (Divorce). For any medical changes upload the CalPers Declaration of Health Coverage (HBD-12A).</small></p> <p>*Life Event Effective Date <input type="text" value="08/01/2016"/></p> <p>Current Marital Status Single</p> <p>*Change Marital Status To <input type="text" value="Married"/></p> <p><small>* Required Field</small></p> <p><input type="button" value="Submit"/></p> </div>
<p>9. Click on the "OK" button.</p>	<div style="border: 1px solid #ccc; padding: 10px;"> <p style="background-color: #f0f0f0; margin-bottom: 10px;">Marriage Event</p> <p>Request Marital Status Change</p> <p>Submit Confirmation</p> <p><input checked="" type="checkbox"/> The Submit was successful.</p> <p><input type="button" value="OK"/></p> </div>
<p>10. You will receive a confirmation that your marital status was submitted.</p> <p>11. Click on the "Next" button in the right corner.</p>	<div style="border: 1px solid #ccc; padding: 10px;"> <p style="background-color: #f0f0f0; margin-bottom: 10px;">Marriage Event</p> <p>Marital Status Change</p> <p>Employee-Smith,Amy D</p> <p>The following information has been submitted.</p> <p>*Life Event Effective Date 08/01/2016</p> <p>Current Marital Status Single</p> <p>Change Marital Status To Married</p> </div>

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12. You will now be prompted to upload documents for your Life Event. **The required documents were identified at the beginning of these instructions.**
13. Enter a description of the document in the "Subject" field. Click the "Add Attachment" button.
14. A new window will appear. Click the "Browse" button to locate your saved document/s. After you locate the attachment click the "Upload" button.



Marriage Event

Document Definition - New Attachment

Instructions

You have chosen to enter a new attachment.

Selection Criteria

Description Marriage Certificate

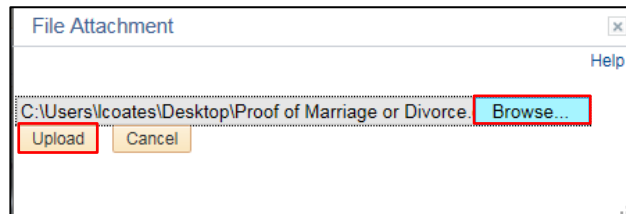
*Subject Marriage Certificate

Attachment

Add Attachment

Save

Go To Life Events - Document Upload



File Attachment

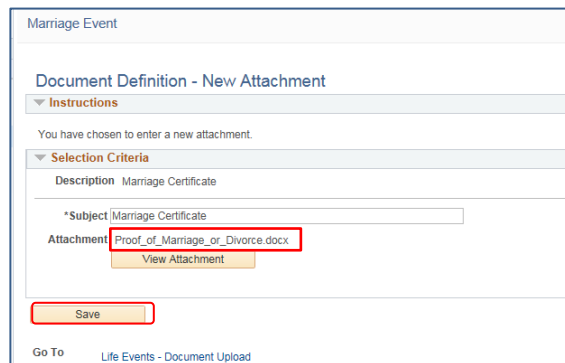
Help

C:\Users\lcoates\Desktop\Proof of Marriage or Divorce.docx

Browse...

Upload Cancel

15. Click the "Save" button.



Marriage Event

Document Definition - New Attachment

Instructions

You have chosen to enter a new attachment.

Selection Criteria

Description Marriage Certificate

*Subject Marriage Certificate

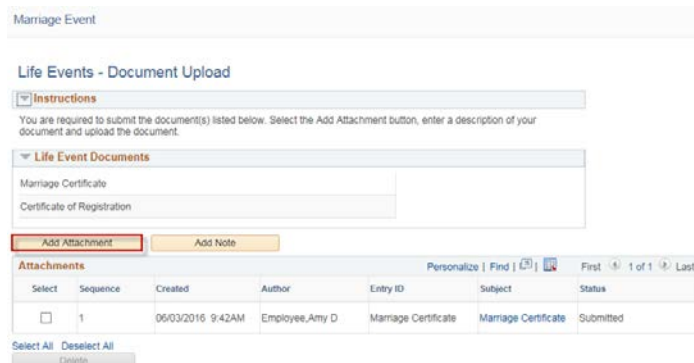
Attachment Proof_of_Marriage_or_Divorce.docx

View Attachment

Save

Go To Life Events - Document Upload

16. Click on the "Add Attachments" button if you have other documents you want to upload.
17. Click the "Next" button when finished uploading the documents.



Marriage Event

Life Events - Document Upload

Instructions

You are required to submit the document(s) listed below. Select the Add Attachment button, enter a description of your document and upload the document.

Life Event Documents

Marriage Certificate

Certificate of Registration

Add Attachment Add Note

Select	Sequence	Created	Author	Entry ID	Subject	Status
<input type="checkbox"/>	1	06/03/2016 9:42AM	Employee, Amy D	Marriage Certificate	Marriage Certificate	Submitted

Select All Deselect All

Employee Self-Service Marriage/Divorce Life Event done through Self-Service

18. The current "Benefits Summary" page will display. This screen will list your current enrolled benefits. This is for viewing purposes ONLY.
19. Click the "Next" button.

Benefits Summary

Employee-Smith, Amy D

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

06/01/2016

Type of Benefit	Plan Description	Coverage or Participation
Medical	United Health Care	Employee Only
Dental	Delta Dental of California	Employee Only
Vision	Vision Service Plan	Employee Only
Employee Life	Employee Life Mgmt	\$50,000
Supplemental Life		Waived
Child Life		Waived
Employee Supplemental AD&D	AD&D Employer Provided	\$10,000
Spouse Life		Waived
Employee 401(k)	MassMutual 401(k) MATCH MC	\$116 Before Tax
457 Deferred Compensation	MassMutual 457 Deferred Comp	Not Contributing
Sick Leave	Sick Leave Accrual with no max	-----
Vacation	Vacation 10+ yrs or MGMT Cont	-----
Compensatory Time On Payroll	Compensatory Time On Payroll	-----
Holiday Credit	Holiday Credit	-----
Floating Holiday	Floating Holiday	-----

20. **Personal Information** - You will now see your current address information. If you need to make changes to your address click on the pencil to make changes. All employees **MUST** have a Home and Mailing address. Do not inactivate any addresses.

Home and Mailing Address

Employee-Smith, Amy D

Both a Home and Mailing Address are required even if they are the same.

Addresses					
Address Type	Status	As Of	Country	Address	Edit
Home	Current	03/26/2013	USA	1234 Fulweller Avenue Auburn, CA 95603	
Mailing	Current	03/26/2013	USA	1234 Fulweller Avenue Auburn, CA 95603	



21. If no changes, click the "Next" button.

22. **Personal Information** - You will have the ability to add/update contact number(s).

Phone Numbers

Employee, Amy D

Enter your phone numbers.

Phone Type	*Telephone	Extension	Preferred	Delete
Mobile	<input type="text" value="530/123-4455"/>	<input type="text"/>	<input checked="" type="checkbox"/>	
Home	<input type="text" value="530/999-1111"/>	<input type="text"/>	<input type="checkbox"/>	

* Required Field

23. If no changes click the "Next" button.

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24. **Emergency Contact** - You can add/update emergency contacts. Click on the pencil to edit an existing emergency contact (You may override the name and information if you no longer want that person as a contact). Select the "Add Emergency Contact" to enter a new person. You may have multiple contacts but be sure to identify a "Primary" contact by selecting the check box. Complete the appropriate information and "Save".

25. Click on the "Next" button.

Emergency Contacts

Employee-Smith, Amy D

Emergency Contacts				
Contact Name	Relationship to Employee	Primary Contact	Edit	Delete
		<input type="checkbox"/>		

[Add Emergency Contact](#)

26. **Add/Review Dependent/Beneficiary** - The system will display existing dependent/beneficiaries.

27. Click the "Add a dependent or beneficiary" button to create a new profile. This is the first step in creating a profile. Later in the instructions will provide steps on how to assign profiles to your benefit information.

28. If you have an existing person listed that you want to make as dependent or remove as a dependent, click on their name to edit the profile. You will have an opportunity to update the relationship and marital status.

IMPORTANT:

- Always create a new profile when adding a new dependent/beneficiary.
- Never override an existing profile with another profile.
- A profile cannot be deleted.

Contact the HR Department for any questions and/or concerns.

Add/Review Dependent/Beneficiary

Employee-Smith, Amy D

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information.

Dependent Information								
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
Thomas, Samantha	Parent	11/19/1950	Married	04/11/2016	No	No	No	Yes
Thomas, Joseph	Step Parent	10/21/1950	Married	04/11/2016	No	No	No	Yes

[Add a dependent or beneficiary](#)

Employee Self-Service Marriage/Divorce Life Event done through Self-Service

29. Dependent/Beneficiary Personal Information

Fill in:

- First Name
- Middle Name (optional)
- Last Name
- Name Prefix/Suffix (optional)
- Date of Birth
- Gender
- Social Security (SSN) - Do not enter dashes in the SSN field.
- Relationship to employee
- Marital Status
- Address and Telephone

NOTE: Social Security numbers are required for all dependents (If you do not have the SSN# for the new dependent/beneficiary, you will need to follow up by contacting HR once received).

30. Review your entry and Click the "Save" button at the bottom of the page when ready to continue.

Dependent/Beneficiary Personal Information

Employee-Smith, Amy D

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Aug 1, 2016.

Personal Information	
*First Name	<input type="text" value="Jonathon"/>
Middle Name	<input type="text" value="J"/>
*Last Name	<input type="text" value="Smith"/>
Name Prefix	<input type="text"/>
Name Suffix	<input type="text"/>
Date of Birth	<input type="text" value="11/22/1971"/>
*Gender	<input type="text" value="Male"/>
SSN	<input type="text" value="111223333"/> (Social Security Number)
*Relationship to Employee	<input type="text" value="Spouse"/>

Status Information	
*Marital Status	<input type="text" value="Married"/> As of <input type="text" value="08/01/2016"/>

Address and Telephone

Same Address as Employee

Country
 Address

Same Phone as Employee

Phone

[Return to Dependent/Beneficiary Summary](#)

31. A "Save Confirmation" will appear after adding each new dependent/beneficiary. Click the "OK" button.

32. You will be brought back to the Add/Review Dependent/Beneficiary page. If you need to add additional profiles, repeat steps 26 through 31.

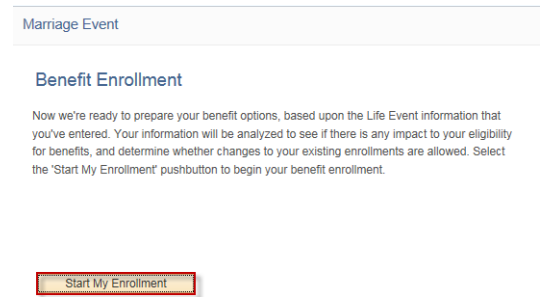
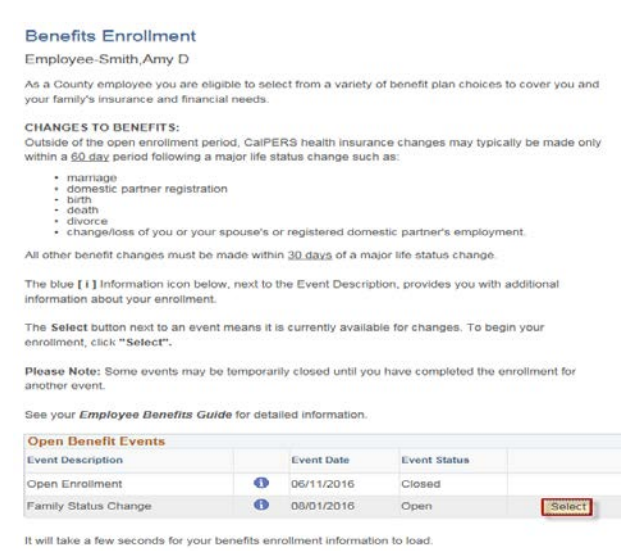
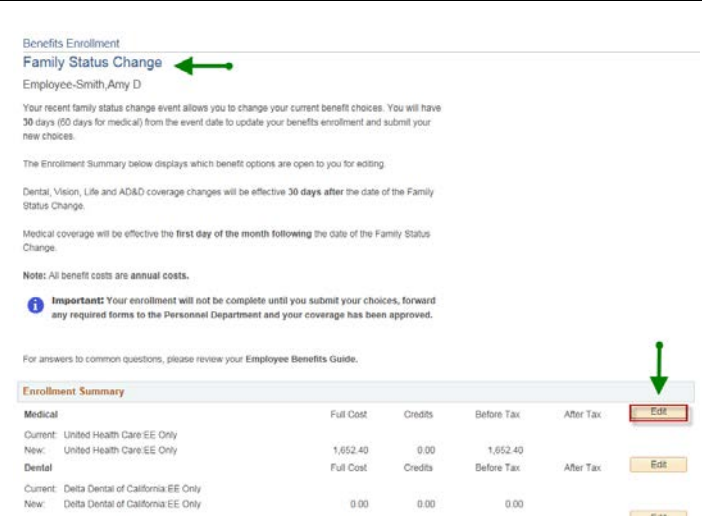
33. Click the "Next" button when ready to continue.

Marriage Event

Personal Information Save Confirmation

The Save was successful.

Employee Self-Service Marriage/Divorce Life Event done through Self-Service

<p>34. Click the "Start My Enrollment" so that you can add your dependent(s) to your benefit plans and update your beneficiary information to your benefit plans.</p>	 <p>The screenshot shows a 'Marriage Event' page. At the top, there is a 'Benefit Enrollment' section with a paragraph of text explaining the process. Below the text is a red-bordered button labeled 'Start My Enrollment'.</p>																																				
<p>35. Benefits Enrollment - You will now have a Family Status Change event. Click the "Select" button.</p>	 <p>The screenshot shows the 'Benefits Enrollment' page for Employee-Smith, Amy D. It includes a section titled 'CHANGES TO BENEFITS:' with a list of events: marriage, domestic partner registration, birth, death, divorce, and change/loss of employment. Below this is a table of 'Open Benefit Events':</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Event Description</th> <th>Event Date</th> <th>Event Status</th> <th></th> </tr> </thead> <tbody> <tr> <td>Open Enrollment</td> <td>06/11/2016</td> <td>Closed</td> <td></td> </tr> <tr> <td>Family Status Change</td> <td>08/01/2016</td> <td>Open</td> <td style="text-align: center;">Select</td> </tr> </tbody> </table> <p>The 'Select' button in the table is highlighted with a red box.</p>	Event Description	Event Date	Event Status		Open Enrollment	06/11/2016	Closed		Family Status Change	08/01/2016	Open	Select																								
Event Description	Event Date	Event Status																																			
Open Enrollment	06/11/2016	Closed																																			
Family Status Change	08/01/2016	Open	Select																																		
<p>36. Read the information about your benefits. 37. Click the "Edit" button next to each of the benefit plans you want to make changes to. You will be allowed to update your dependent and beneficiary designations for each of the plans.</p>	 <p>The screenshot shows the 'Family Status Change' page. A green arrow points to the 'Family Status Change' link. Below the page content, there is an 'Enrollment Summary' table:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Medical</th> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> <th>Edit</th> </tr> </thead> <tbody> <tr> <td>Current: United Health Care/EE Only</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">Edit</td> </tr> <tr> <td>New: United Health Care/EE Only</td> <td>1,652.40</td> <td>0.00</td> <td>1,652.40</td> <td></td> <td></td> </tr> <tr> <td>Dental</td> <th>Full Cost</th> <th>Credits</th> <th>Before Tax</th> <th>After Tax</th> <th>Edit</th> </tr> <tr> <td>Current: Delta Dental of California/EE Only</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;">Edit</td> </tr> <tr> <td>New: Delta Dental of California/EE Only</td> <td>0.00</td> <td>0.00</td> <td>0.00</td> <td></td> <td></td> </tr> </tbody> </table> <p>A green arrow points to the 'Edit' button in the 'Medical' section of the table.</p>	Medical	Full Cost	Credits	Before Tax	After Tax	Edit	Current: United Health Care/EE Only					Edit	New: United Health Care/EE Only	1,652.40	0.00	1,652.40			Dental	Full Cost	Credits	Before Tax	After Tax	Edit	Current: Delta Dental of California/EE Only					Edit	New: Delta Dental of California/EE Only	0.00	0.00	0.00		
Medical	Full Cost	Credits	Before Tax	After Tax	Edit																																
Current: United Health Care/EE Only					Edit																																
New: United Health Care/EE Only	1,652.40	0.00	1,652.40																																		
Dental	Full Cost	Credits	Before Tax	After Tax	Edit																																
Current: Delta Dental of California/EE Only					Edit																																
New: Delta Dental of California/EE Only	0.00	0.00	0.00																																		

Employee Self-Service Marriage/Divorce Life Event done through Self-Service

38. Read and review the information about your benefits.
39. Click the "Edit" button next to each of the benefit plans you wish to make changes to. You will be allowed to update your dependent and beneficiary designations for each of the benefit plans.

NOTE: If you are going to waive County medical and elect ILH, you will need to select the "ILH Medical Flex Credit Part 1" radio button. Then on the main page you will have a plan for "ILH Medical Flex Credit Part 2" for deferred compensation plan. These two plans must be elected together.

40. Scroll to the bottom of the page to see the dependents that are designated to the plan.

41. At the bottom of the page you will see a list of dependents with a check box next to the names that are covered on the plan. To add the new dependent to your benefit plan, click the check box under the column "Enroll". If you need to remove a dependent, simply uncheck their "Enroll" check box.
42. Click the "Save Changes" button.

Benefits Enrollment

Medical

[Benefit Forms and Documents](#)

Employee, Amy D

Placer County provides medical coverage through the California Public Employee's Retirement System (CalPERS). The County pays the majority of the premium cost depending upon your plan selection. Spouses, registered domestic partners and children up to age 26 can be added to your medical insurance.

Remember, costs are shown on an annual basis and are paid pre-tax.

HIPAA Notice: The Health Insurance Portability and Accountability Act (HIPAA) allows employees who lose health insurance coverage to enroll in a CalPERS Health Plan. You may enroll yourself, and your dependents may be eligible to enroll outside the Open Enrollment period, but coverage may not be effective until the first of the month following a 90 day waiting period depending upon your individual circumstances.

To learn more about your Medical Plan options, go to "Benefits Forms and Documents" and visit the CalPERS website.

Important! Your current coverage is: **United Health Care with Employee Only coverage.** You will continue with this coverage if you do not make a choice.

Select an Option

Here Are Your Available Options With Your Annual Costs:

Overview of all Plans

Select one of the following plans:

United Health Care

Coverage Level	Total Costs	Total Credits	Your Costs	Tax Class
Employee Only	\$1,652.64	\$0.00	\$1,652.64	Before-Tax
Employee +1 Dependent	\$3,305.04	\$0.00	\$3,305.04	Before-Tax
Test EE + 2 or More	\$4,296.72	\$0.00	\$4,296.72	Before-Tax

Waive

Enroll Your Dependents

The following list displays all individuals who are currently listed as your dependents.

To delete a dependent's coverage **un-check** the "Enroll" box next to their name.

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 checked="" type="checkbox"/>	Jonathon J Smith	Spouse

[Add/Review Dependents](#)

[Save Changes](#)

[Discard Changes](#)

Select the **Save Changes** 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.

Employee Self-Service Marriage/Divorce Life Event done through Self-Service

43. A summary of the plan change costs will display. These are annual costs. To authorize the changes click the "Save Changes" button.

- If you do not wish to update, click "Discard Changes" and the system will not continue to update for that benefit plan.

Benefits Enrollment

Medical

Employee, Amy D

i Important: Your enrollment will not be complete until you submit your choices, forward any required forms to the Personnel Department and your coverage has been approved.

Your Choice

You have chosen United Health Care with Employee +1 Dependent coverage.

Your Estimated Cost

Full Cost	\$3,305.04
Credits	\$0.00
Your Cost	\$3,305.04

Your Covered Dependents

Primary Care Provider Details	
Name	Relationship
Jonathan Spouse	Spouse

Notes

Once submitted, this choice will take effect on 06/01/2016. Deductions and/or Credits for this choice will start with the pay period beginning 04/16/2016.

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

44. The system will return you to the Enrollment Summary page. To continue, select the "Edit" button for the next plan you wish to add/remove your dependent/beneficiary to.

Note: If there are changes to the coverage level you will see a difference between the "Current" and "New" coverage for each plan.

45. Navigate through each of benefit plans and make updates as necessary.

Note: All benefit costs are annual costs.

i Important: Your enrollment will not be complete until you submit your choices, forward any required forms to the Personnel Department and your coverage has been approved.

For answers to common questions, please review your [Employee Benefits Guide](#).

Enrollment Summary

Medical	Full Cost	Credits	Before Tax	After Tax	Edit
Current: United Health Care EE Only					
New: United Health Care:EE +1 Dep	3,305.04	0.00	3,305.04		<input type="button" value="Edit"/>
Dental	Full Cost	Credits	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Delta Dental of California EE Only					
New: Delta Dental of California EE Only	0.00	0.00	0.00		
Vision	Full Cost	Credits	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Vision Service Plan EE Only					
New: Vision Service Plan EE Only	0.00	0.00	0.00		
Employee Life	Full Cost	Credits	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Employee Life Mgmt: \$50,000					

Employee Self-Service Marriage/Divorce Life Event done through Self-Service

46. **Beneficiary Updates** – When updating beneficiaries for the Life Insurance, AD&D and Deferred Comp plans; you must identify percentages that equal 100% for the Primary and 100% for the Contingent beneficiaries.

Contingent Beneficiary – is a secondary beneficiary in the event the primary is deceased.

NOTE: A spouse must be identified as the Primary beneficiary on Deferred Comp plans unless the spouse signs a Spousal Consent form. Contact the HR department if you need a Spousal Consent form.

Designate Your Beneficiaries

The following list displays all individuals who are eligible to be your beneficiaries. If an individual is missing from this list, click [Add/Review Beneficiaries](#) to determine why they are not eligible. You may also use this button to add new beneficiaries to your list.

To delete a Beneficiary from your list altogether, you will need to contact Personnel to have the dependent removed.

IMPORTANT NOTE: If you are married, you must have notarized spousal consent when naming anyone other than your spouse as the primary beneficiary to your savings plans. Your provider, beneficiaries and allocation percentage must be the same for all 401(k) Plan Options.

[Add/Review Beneficiaries](#)

You may designate the following individuals as Primary beneficiaries by allocating a percent amount next to their names. Secondary beneficiaries receive benefits only if all Primary beneficiaries are deceased. Secondary beneficiaries can be designated on a separate form located at Benefit Forms and Documents.

All percents for Primary or Secondary beneficiaries must total 100.

Beneficiary Allocations

Name	Relationship	Current Primary Percent	Current Secondary Percent	New Primary Allocation	New Secondary Allocation
Samantha Thomas	Parent	100		<input type="text"/>	<input type="text" value="50"/>
Joseph Thomas	Step Parent		100	<input type="text"/>	<input type="text" value="50"/>
Jonathon J Smith	Spouse			<input type="text" value="100"/>	<input type="text"/>
Total				100	100

[Save Changes](#)

[Discard Changes](#)

Select the **Save Changes** 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.

47. After making all changes, scroll to the bottom of the page click the "Save and Continue" button.

This table summarizes estimated costs for your new benefit choices. (The "Employer" column displays the amount the County is contributing to subsidize the cost of your benefits.)

Election Summary

Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax	Employer
Total Costs	3,866.40	3,866.40	0.00	14,062.56
Total Credits	-2,860.00	-2,860.00		
Your Costs	1,006.40	1,006.40	0.00	

These costs do not include certain choices that are based on variable earnings.

[Save and Continue](#)

i Important: Your enrollment will not be complete until you submit your choices **and any required forms** to the Personnel Department and coverage is approved.

Employee Self-Service Marriage/Divorce Life Event done through Self-Service

<p>48. Again be sure to read the information on the screen, you still have the option to cancel your changes. If you are ready to submit your changes click the "Submit" button.</p>	<div style="border: 1px solid #ccc; padding: 5px;"> <p style="margin: 0;">Benefits Enrollment</p> <p style="margin: 0;">Submit Benefit Choices</p> <p style="margin: 0;">Employee-Smith,Amy D</p> <p style="margin: 0;">You have almost completed your enrollment. If you have no further changes, click "Submit" at the bottom of this page to finalize your benefit choices.</p> <p style="margin: 0;"><input type="button" value="Cancel"/> Click "Cancel" if you are not ready to submit your choices and wish to return to the Enrollment Summary.</p> </div> <div style="border: 1px solid #ccc; padding: 5px; margin-top: 10px;"> <p style="margin: 0;">Authorize Elections</p> <p style="margin: 0;">By submitting your benefit choices you are authorizing the County to take deductions from your paycheck to pay for your share of the benefit premium costs.</p> <p style="margin: 0;">You are also authorizing the Personnel Department to send necessary personal information to your selected providers to initiate and support your coverage election.</p> <p style="margin: 0;"><input type="button" value="Submit"/> Click "Submit" to send your <u>final</u> choices to the Personnel Department.</p> <p style="margin: 0;"><input type="button" value="Cancel"/> Click "Cancel" if you are not ready to submit your choices and wish to return to the Enrollment Summary.</p> </div>												
<p>49. Click the "Ok" button for confirmation.</p>	<div style="border: 1px solid #ccc; padding: 5px;"> <p style="margin: 0;">Benefits Enrollment</p> <p style="margin: 0;">Submit Confirmation</p> <p style="margin: 0;">Employee-Smith,Amy D</p> <p style="margin: 0;">Your benefit choices have been successfully submitted to the Personnel Department.</p> <p style="margin: 0;">You will have the opportunity to review your changes online tomorrow using your Benefits Summary. If you do not see your changes tomorrow, please contact the Personnel Department immediately.</p> <p style="margin: 0;">To return to the Benefits Enrollment page, click "OK".</p> <p style="margin: 0;"><input type="button" value="OK"/></p> </div>												
<p>50. All of your changes have now been submitted. Click the "Next" button.</p>	<div style="border: 1px solid #ccc; padding: 5px;"> <p style="margin: 0;">Benefits Enrollment</p> <p style="margin: 0;">Employee-Smith,Amy D</p> <p style="margin: 0;">As a County employee you are eligible to select from a variety of benefit plan choices to cover you and your family's insurance and financial needs.</p> <p style="margin: 0;">CHANGES TO BENEFITS: Outside of the open enrollment period, CalPERS health insurance changes may typically be made only within a <u>60 day</u> period following a major life status change such as:</p> <ul style="list-style-type: none"> • marriage • domestic partner registration • birth • death • divorce • change/loss of you or your spouse's or registered domestic partner's employment. <p style="margin: 0;">All other benefit changes must be made within <u>30 days</u> of a major life status change.</p> <p style="margin: 0;">The blue [i] Information icon below, next to the Event Description, provides you with additional information about your enrollment.</p> <p style="margin: 0;">The Select button next to an event means it is currently available for changes. To begin your enrollment, click "Select".</p> <p style="margin: 0;">Please Note: Some events may be temporarily closed until you have completed the enrollment for another event.</p> <p style="margin: 0;">See your <i>Employee Benefits Guide</i> for detailed information.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;">Open Benefit Events</th> <th style="text-align: left;">Event Date</th> <th style="text-align: left;">Event Status</th> <th></th> </tr> </thead> <tbody> <tr> <td>Open Enrollment</td> <td>i 06/11/2016</td> <td>Closed</td> <td></td> </tr> <tr> <td>Family Status Change</td> <td>i 09/01/2016</td> <td>Submitted</td> <td><input type="button" value="Select"/></td> </tr> </tbody> </table> <p style="margin: 0; font-size: small;">It will take a few seconds for your benefits enrollment information to load.</p> </div>	Open Benefit Events	Event Date	Event Status		Open Enrollment	i 06/11/2016	Closed		Family Status Change	i 09/01/2016	Submitted	<input type="button" value="Select"/>
Open Benefit Events	Event Date	Event Status											
Open Enrollment	i 06/11/2016	Closed											
Family Status Change	i 09/01/2016	Submitted	<input type="button" value="Select"/>										

Employee Self-Service Marriage/Divorce Life Event done through Self-Service

51. You have the option to view your changes and print if needed. Click the "Next" button.

Benefits Election Review
Employee-Smith,Amy D

Review all your changes with the information provided. Select the appropriate task on the navigation bar to make changes. Print

Personal Information

Current Name Employee-Smith,Amy D
 Home Address 1234 Fulweiler Avenue, Auburn, CA 95603
 Mailing Address 1234 Fulweiler Avenue, Auburn, CA 95603
 Home Phone 530/888-0000
 Business Phone
 Emergency Contact Pamela Gorman

Dependent Information

Name	Date of Birth	Sex	Relationship	Marital Status
Jonathon Smith	11/22/1971	Male	Spouse	Married

Your Benefit Choices

Benefit Plan	Benefit Option	Coverage / Category Base	Flat Amount / Percentage
Medical	UnitedHlth	Employee +1 Dependent	
Dental	Delta	Employee +1 Dependent	

52. Click the "Complete" button to end your event.

53. The Human Resources Department will be notified of your event and will review your changes. You may be contacted if there are questions regarding your Life Event. An e-mail notification will be sent to you once the event has been reviewed providing you with a status of Approved or Denied.

eBenefits Marriage Event

Life Events Legend

- Welcome
- Marital Status
- Document Upload
- Benefit Summary
- Personal Information
- Dependent and Beneficiary
- Benefit Enrollment
- Benefits Election Review
- Event Completion and Exit

Event Completion and Exit

Congratulations!

You have completed your Marriage Event

You may need to update the following documentation if you are changing your name:

- Drivers License
- Social Security
- Passport
- Bank Accounts
- Credit Cards
- Voter Registration Card

If you are moving, you may want to update address with the Post Office.

Select the Complete pushbutton to end this event.

Complete

Reminder: If were not able to provide a copy of the birth certificate or Social Security number during the Life Event, be sure to follow up with the HR department once obtained.

For questions, please contact the Human Resources Department.