

LCPS: HOW TO ADD LIFE EVENTS, UPDATE AND ENROLL DEPENDENTS FOR BENEFITS

Summary

In this module you will learn how to add life events, update and enroll dependents for benefits. Steps

1. Welcome to the training module on How to Add Life Events, Update and Enroll Dependents for Benefits in Oracle Self-Service!

LCPS Employee Self-Service How to Add Life Events, Update and Enroll Dependents for Benefits in Oracle Self-Service

2. Select the LCPS Employee Self-Service link on the Home page.

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 - 3. Let's begin by Requesting a Qualified Life Event.



4. Select Benefits.

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5. Then select **Request Qualified Life Event**.

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6. Qualified Life Events include: birth or adoption of a child, marriage, divorce or legal separation, when a dependent gains or loses coverage, or when the employee gains or loses coverage. You have 30 days from the date of your qualifying event to make changes to your benefits.

For this example select the **Add** tab for the Marriage option.

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Select Qualified Life Event:			
You have 30-days from the date of your qualifying event to make appropriate changes to move to the next screen.	your benefits. Which of the events listed below applies to you? Select only one. To p	rocess, click the "ADD" button under the event you have	re chosen and enter the date of the event. Click "Next" to
Date of Birth or Adoption of Child Date of Marriage Date of Morroce or Legal Separation Date the Dopendent Gains of Loses Coverage Date the Employee Gains or Loses Coverage			
Contact the Employee Health, Wellness and Benefits office if you experience more than o appropriate changes to your benefit elections during Open Enrollment.	one qualifying event or the death of dependent. A qualifying event that occured more	than 30 days from today is not eligible to be processed	. If you missed the 30-day window, you can make
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Select Add.	Start Date	End Date	Status Status
2) Marriage Select Add.	Start Date	End Date End Date End Date	Status Status Status

7. You must add the starting date for this life event. Select the Calendar on the **Start Date** field.

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8. The Pick a Date pop-up window displays. Select the marriage date "6/2/2018."

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9. Then select Apply.

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10. Verify that your life event has been added. Select Next

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11. Finally, review your changes and select Submit

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12. A Confirmation page displays and notifies you that your changes have been saved and that you are not done yet and you must go to "View and Enroll in Benefits".

Select the **Home** icon to return to the main page.

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13. Now we will update our dependents.

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14. From the Benefits drop-menu on the Home page, select View and Enroll in Benefits.

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15. The Legal Disclaimer page displays. Select **Accept** to agree with the terms indicated in the disclaimer.

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16. Then select Next.

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17. The Dependents page displays. This page shows all dependents associated with you that could be enrolled in benefits coverage if found eligible.

For this example select the Add Another Person tab.

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18. The Add Dependent Details page displays. On this page you will provide detailed information about the dependent that you are adding.

Select the Relationship drop-menu.

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19. Select the **Spouse** option.

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22. Select the **Title** drop-menu.

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23. Select the appropriate title for your dependent. For this example, select **Mr**.

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24. Select the **First Name** field to add the dependent's first name.

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25. Type in "John".

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26. Select the Middle Name field.

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28. View details for the 403b Elective Deferral plan. Then select the **457 Deferred Compensation** right-arrow icon

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29. Type in "Doe" as the last name.

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30. You can let the system know if you are sharing a residence or have different addresses. For this example, to show that you and your dependent share a residence, select the **Shared Residence** box

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31. If you check the Shared Residence box, you don't have to fill in the address fields.Those field options will collapse and not appear on the page.Continue by selecting the **Gender** drop-menu.

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32. Select Male.

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33. Next, select the **Social Security** field.

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34. Type in your spouse's SSN, "111-11-1111."

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35. Select the **Date of Birth** field.

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36. Type in your spouse's birthdate, "12/02/1997."

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37. Select **Apply** to apply the changes.

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38. Review your dependent's information then select Next.

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39. The Select Program page displays.

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Select Program						c	ancej Bad	k Ne	gt
Name Employee Test									
Select LCPS Active Benefits to view or change benefit elections; select LCPS Savings and Supplemental Benefits to view 403b, 457 and VA 529 elections. - To enroll or make a change, select "Active Benefits".									
Program Name									
LCPS Active Benefits									
LCPS Savings and Supplemental Benefits									
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40. Enroll the Dependent in Benefits.



41. Once you've added your dependent, you can now enroll your dependent in benefits. On the Select Program page, the LCPS Active Benefits option is selected by default. Select **Next** to view these options

ORACLE' LCP's Employees Self Service	â	0	*	٥	P	Logged in Ar	s ETEST	0	Q
Select Program							Cancel	Back	Next
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Select LCPS Active Benefits to view or change benefit elections; select LCPS Savings and Supplemental Benefits to view 403b, 457 and VA 529 elections. - To enrol or make a change, select "Active Benefits".						Sele	oct No	vt	1
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LCPS Active Benefits LCPS Surveys and Supplemental Benefits									
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42. The Benefits Enrollments page displays. This page shows your current benefit selections and the rate for those benefits. To add your dependent to these benefits select the **Update Benefits** tab.

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21215日 - 国												
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teath Savings Account - wave Health Savings Account	Employee Only	06/01/2018		0.00	0.00	26.40						
fering Wake Melon	Employee Only	00/01/2010		0.02	0.00	20.40						
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Optional Spouse Life Insurance - Waive Optional Spouse Life		06/01/2018		0.00	0.00	0.00						
Dotional Child Life Insurance - Waive Optional Child Life		06/01/2018		0.00	0.00	0.00						
ong Term Disability - Voluntary Long Term Disability	Tier 1 60% Base Salary	06/01/2018	3 036 92	0.00	5.16	0.00						
Employer Paid Benefits - Short-Term Disability		06/01/2018		0.00	0.00	0.63						
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43. Review the Benefit plan(s) that the employee is currently enrolled in. For this example, the employee is enrolled in the Cigna High Deduction Health Plan (HDHP) – Express Scripts.

Use the scrollbar to navigate down the page.

DRACLE LCPS Employee Self Service			<u> </u>	۰ 🌔	Logged in As ETEST	?	(
enefits Enrollment Current Benefits							
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Update Benefits: Update Enrollments					Recalculate	Back	Nex
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Event Name LCP	PS Marriage		Enrollment Per	nod 06/11/2018 - 07/02	/2018		
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Cigna High Deductible Health Plan (HDHP) + Express Scripts							
	Employee Only	2	4.55	327.69			
	Employee + Child		10.24	461.54			
	Employee + Spouse	-	64.49	600.00			
			04.40	000.00			



NOTES

44. For the health plan selected, check the **Employee + Spouse** box.

			Employee + Spouse		222.74	624.99	
			Employee + Family		305.32	752.14	
igna High Deductible He	ealth Plan (HDHP) + Express Scripts			0			
			Employee Only		Check the En	nployee + Spou	se box.
			Employee + Child		10.24	461.54	
			Employee + Spouse	I IS	64.48	600.00	
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pt Out Credit				Ь		9.00	
/aive Medical							
ealth Savings Ac	count						
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1an		Option	Select	Annual Cost	Emp	loyee Pre Tax	
ealth Savings Account							
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/aive Health Savings Ac	count		\mathbf{N}				
ental						N	
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Documentation is require	ed if enrolling your spouse and/or child(ren)	Click here for a list of required docu	ments.				
🕅 Indicates Certificatio	n is required.						
lan Ieita Dental	Option		Select	Emp	loyee Pre Tax	Employer	
	Employee Only						
	Employee + Child		2		0.62	25.48	
	Employee + Sporte				3.45	35.18	
	Employee + Spouse				7.97	45.68	
	Limpsoyee + Parmy		18		12.20	55.58	

45. Uncheck the Waive Health Savings Account box to change this option.

			Employee + Spouse		222.74	624.99		
			Employee + Family		305.32	752.14		
igna High Deductible Hei	aith Plan (HDHP) + Express Scripts							
			Employee Only		4.55	327.69		
			Employee + Child		10.24	461.54		
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NOTES

46. To add an amount to apply to this account, select the **Flat Amount Employee Pre Tax** field.

			Employee + Spouse		222.74	624.99
			Employee + Family	I	305.32	752.14
Cigna High Deductible He	alth Plan (HDHP) + Express Scripts					
			Employee Only		4.55	327.69
			Employee + Child		10.24	461.54
			Employee + Spouse	I	64.48	600.00
			Employee + Family		92.13	738.46
Opt Out Credit						9.00
Waive Medical						
Health Caulons Ac						
Please enter the PER Pa	y amount you wish to contribute.					
Plan		Option	Select	Annual Cost	Emr	olovee Pre Tax
Health Savings Account					tr	nter an amount
		Flat Amount		0.00	1	18.00 1
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Dental				Employee Pre Ta	av field	
				Linpioyee rie la	A ficiu.	
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Documentation is require	d if enrolling your spouse and/or child(ren). C is required. Option	lick here for a list of required do	cuments.	Emol	ovee Pre Tax	Employer
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47. Type in the amount, "1000.00."

			Employee + Spouse		222.74	624.99
			Employee + Family		305.32	752.14
na High Deductible Hea	ath Plan (HDHP) + Express Scripts					
			Employee Only		4.55	327.69
			Employee + Child		10.24	461.54
			Employee + Spouse		64.43	600.00
			Employee + Family		92.13	738.46
pt Out Credit						9.00
aive Medical						
				<u> </u>		
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nease enter the PER Pa	y amount you wish to contribute.					
an Allh Savioar Account		Option	Select	Annual Cost		Employee Pre Tax
and Savings Account						Long Tip: Enter Rate Tip
		Flat Amount	\square	0.00		1000.00
		Percentage		0.00	1	0.00
ive Health Savings Acc	ount		7			
ental			Type i	n the amount	, "1000.00."	
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Indicates Certification	is required.					
lan	Option		Select	Em	ployee Pre Tax	Employer
sta Dentar						
	Employee Only		2		0.62	26.48
	Employee + Child				3.46	35.18
	Employee + Spouse				7.97	45.68
	Employee + Family				12.20	55.58
laive Dental						



48. Scroll down the page to the Dental Plan options. Check the **Employee + Spouse** box for the Dental Plan.

			Employee + Spouse		64.48	600.00
			Employee + Family	B	92.13	738.46
Opt Out Credit						9.00
Waive Medical						
lealth Savings Ac	count					
Please enter the PER Pa	y amount you wish to contribute.					
Plan		Option	Select	Annual Cost	Emp	loyee Pre Tax
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Dental Documentation is require	ed if enrolling your spouse and/or child(ren). Click here for a list of required docu	ments.	Series 2		Caralana
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Documentation is require I indicates Castification Plan Dota Dental Waive Dental	el if errolleg your spouse and/or childy https://www.and/or Engloyee Cohy Engloyee - Shouse Engloyee + Family	en). Click here for a list of required docu	Select	Ematorea P Check the Emplo box for the D	1 as yee + Spou ental Plan. 3.46 7.97 12.20	26.48 35.18 45.68 55.58
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49. Scroll down the page to the Vision Plan options. Check the **Employee + Spouse** box for the Vision Plan.

	Employee Only			0.62	26.49
	Sci C			0.62	20.40
	Employee - Cano			3.46	35.18
	Employee + Spouse			7.97	45.68
	Employee + Family		1	2.20	55.58
Waive Dental					
/ision					
Documentation is required i	f enrolling your spouse and/or child/ren). Click here for a list of reg	ured documents			
Indicates Certification is	required				
lan	Option	Select	Employee Pre	Tax Emp	loyer
Davis Vision	- 507 - 517		Check the Employ	ee + Spouse	
	Employee Only		box for the Vis	sion Plan.	2.20
	Employee + Child		~	0.37	2.13
	Employee + Spouse			0.31	3.13
	Cirpolite - Opoule			0.50	3.41
	Employee + Family			1.24	5.14
Naive Vision		8			
Health Care Spendin	g Account	6			
		↑			
Please enter the ANNUAL	amount you wish to contribute. You may contribute up to a maximu	m of \$2550 annually.			
Indicates Certification is	required.				
Plan	Select	Coverage	Annual Cost	Employee Pro	e Tax
lealthcare FSA	GR 🗆	0.00 🚯	0.00		0.00
mited Purpose FSA		500.00 🕕	500.00		35.71
Vaive Healthcare FSA					
Dependent Care Flex	tible Spending Account				
Please enter the ANNUAL	amount you wish to contribute. You may contribute up to a maximu	m of \$5000 per household annually.			
Indicates Certification is	required.			F 1	
Plan	Select	Coverage	Annual Cost	Employee Pro	e lax
Jependent Care FSA	3	0.00 (1)	0.00		0.00



50. Scroll down the page to the Accidental Injury Plan options. Check the **Employee + Spouse** box for the Accidental Injury Plan 1.

Employee * Spaces 0 2.17 Family 0 5.000.00 (p) 2.19 Critical liness 0 0 2.19 Iterital Injury 0 0 0 Iterital Injury Plan 1 0 0 0 Iterital Injury Plan 2 0 0 0 Iterital Injury Plan 2 0 0 0 Iterital Injury Plan 2 0 0 0 Iterital Injury Plan 3 0 0 0 Iterital Injury Plan 4 0 0 0 Iterital Injury Plan 2 0 0 0 Iterital Injury Plan 3 0 0 0 Iterital Injury Plan 4 0 0 Iterital Injury Plan 5 0 0 Iterital Injury Plan 5 0 0 Iterital Injury Plan 5 0 0 Iterital Injury Plan 6 0 Iterita		Employee + Child(ren)		5,000.00 🚯	1.50
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Hai ligury Pan 2		Family			6.01
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ana Employee Life Insurance Optional Employee Life Insurance Optional Exployee Life Insurance Optional Spaces Life anal Child Life Insurance Select Select Select	Vaive Accidental Injury			R	
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nal Child Life Insurance Select	Vaive Optional Spouse Life				2
Select	Optional Child Life Insurance	ξ			
Select	Dian				Salast
	Plan				Select

51. Review the Life Insurance options that appear on the page. Use the scrollbar to navigate down the page.

	Option	Select	Employee Post Tax	
Accidental Injury Plan 1				
	Employee Only		2.05	
	Employee + Child(ren)		4.55	
	Employee + Spouse	2	3.51	
	Family		6.01	
ccidental Injury Plan 2				
	Employee Only		3.96	
	Employee + Child(ren)	G	8.88	
	Employee + Spouse		678	
	Family		11.71	
Vaive Accidental Injury				
Optional Employee Life Insurance				
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Wave Optional Employee Life Deptional Spouse Life Insurance Plan Wave Optional Spouse Life Optional Child Life Insurance			Select Service	the pa
Viawo Optional Employee Life Dptional Spouse Life Insurance Plan Water Optional Spouse Life Dptional Child Life Insurance Plan			Select	the pa



52. Review the other options that appear on the page. Then select **Next**.

LTD Tier 1 - 90 calendar day elimination period; pay	is 60% for a maximum of two years; is fully integrated wit	h other income (60% pre-disability saslary	is the maximum income).		
LTD Tier 2 - 180 calendar day elimination period; pa	rys 40% up to social security retirement age; is not integr	ated up to 80% of pre-disability salary.			
Click here for the LTD Plan Document					
The coverage amount is your monthly salary - to est	timate your benefit, multiply the coverage amount by the	percent in the tier you have chosen.			
Plan	Option	Select	Coverage	Employee Post Tax	
oluntary Long Term Disability					
	Tier 1 60% Base Salary	2	3,036.92	5.16	
mployer Paid Benefits					
lan		Select	Coverage	Employer	
itort-Term Disability				0.63	
LDP - Short Term Disability		2			
Group Life - 2X Base Salary			264,000.00	71.83	
AP					
ension Plan					
VRS premiums are reflected as a percentage of sale	ary rather than an actual dollar amount.				
lan	Option	Select	Employee Pre Tax	Employer	
'RS Health Insurance Credit					
	Group 1	2		123	
RS Plan 2		-			
	Group 1	2	5.00	16.32	
"Click "Next" button to continue.	-				Select Next.
					D

53. The Update Benefits: Cover Dependents page displays. After enrolling your dependent(s) in your Benefits Plan, you must select the dependent that will be covered for each Plan.

Check the **Cover** box for the Medical Plan.

enefits Enrollment	Current Benefits				
	0		0	0	
	Update Enrollments	Cover Dependents	Attachments	Confirmation Statement	
Jpdate Benet	its: Cover Dependents				Back Neg
	Name Employe	e Test	Program LC	CPS Active Benefits	
	Event Name LCPS M	amage	Enroliment Period US	/11/2018 - 07/02/2018	
Dependent Sel	ection				
lease check the box	for each dependent you wish to cover for each Plan. You may	cover different dependents in each Plan.			
Aedical - Cigna H	inh Deductible Health Plan (HDHP) + Evoress Scri	nts Employee + Spouse	Charlette Cause have	6	
neurour : orgina r		is Employee . Spouse	Check the Cover box	tor	
X250.	191.		the Medical Plan.		
Dependent	Relationship	Social Security Number	Eligible	Cover	
John Doe	Spouse	111-11-1111	Yes	The second secon	
Dental : Delta De	ntal Employee + Spouse			1	
12 B	a				
Dependent	Relationship	Social Security Number	Eligible	Cover	
John Doe	Spouse	111-11-1111	Yes		
Vision : Davis Vi	ion Employee + Spouse				
Marine.	_			ž.	
12 10 12 ·	Relationship	Social Security Number	Eligible	Cover	
Dependent	Nelauonamp	111-11-1111	Ves		
Dependent John Doe	Spouse		1.50		



54. Continue by selecting Cover for the remaining Plans as shown on the screen. Then select **Next**.

	Name Employee Event Name LCPS Mai	Test riage	Program LCPS Ac Enrollment Period 06/11/20	tive Benefits 18 - 07/02/2018
ependent Selection				
ease check the box for each depende	ent you wish to cover for each Plan. You may o	ver different dependents in each Plan.		
edical : Cigna High Deductibl	e Health Plan (HDHP) + Express Scrip	s Employee + Spouse		
11 2 15 Q • 11				
Dependent	Relationship	Social Security Number	Eligible	Cover
whin Doe	Spouse	111-11-1111	Yes	R
Jental : Delta Dental Employee	+ Spouse			
1 2 15 4 • 11				
Dependent	Relationship	Social Security Number	Eligible	Cover
iohn Doe	Spouse	111-11-1111	Yes	R
/ision : Davis Vision Employee	+ Spouse			
1 2 1 0 · m				
Dependent	Relationship	Social Security Number	Eligible	Cover
ohn Doe	Spouse	111-11-1111	Yes	No.
Accidental Injury : Accidental I	njury Plan 1 Employee + Spouse			
1 2 B Q • E				
Dependent	Relationship	Social Security Number	Eligible	Cover
ohn Doe	Spouse	111-11-1111	Yes	Select Next.
				Back
riaht (c) 1002-2016. Oracle sedior its	affiliates. All rights reserved			Ditesey

55. The Attachments page displays.

					× ** 1	Logged in A	SELEST	C
Senefits Enrollment Current Br	enetits							
	0	0				-0		
Update E	nroliments	Cover Dependents	Attachments		Confirma	ation Statement		
Attachments							Back	Next
	Name Er	nployee Test		Program	LCPS Active Benefits			
	Event Name LC	CPS Marriage		Enrollment Period	06/11/2018 - 07/02/2018			
Attach required documentation fo	r your life event (birth certificate, marriage ce	rtificate, etc.) below. Click here for a list of required documents.						
Click HERE to attach your	documents.							
You must supply the required doo	cumentation within the enrollment period liste	d above in order for your enrollment to be accepted and processed. Enroll	ments will be suspended until required docur	nentation is received	d.			
A Person Enrollments								
12 · · · ·								
Details Plan and Option								
LCPS Active Benefits -	Vision - Davis Vision - Employee + Spouse							
LCPS Active Benefits -	Dental - Delta Dental - Employee + Spouse						13	
LCPS Active Benefits -	Medical - Cigna High Deductible Health Plan	(HDHP) + Express Scripts - Employee + Spouse						
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No results found								
No results found.								





56. Finally we will discuss how to Upload Proof of your life event.



57. To show that your life event is eligible for benefits coverage, you must provide proof of the event. To attach your documentation select the **HERE** link from the Attachments page.

ACLE LCPS Employee Sell Service			â	0	* 3	ê 🥐	Logged In	As ETEST	
s Enrollment Current Benefits									
Update Enrollments	Cover Dependents	Attachments				Confirmatio	in Statement		
chments	link				110220.01-0			Back	Ne
Select the HERE	IIIIK.		Enrol	Program ment Period	LCPS Activ 06/11/2018	e Benefits - 07/02/2018			
required ocumentation for your life event (birth certificate, marria	age certificate, etc.) below. Click here for a list of required document	nts.							
HERE to attach your documents.									
ust shipply the required documentation within the enrollment period	d listed above in order for your enrollment to be accepted and pro-	essed. Enrollments will be suspended until require	ed documentati	on is receive	1				
arson Enrollmente									
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ils Plan and Option									
LCPS Active Benefits - Vision - Davis Vision - Employee + Spo	buse								
LCPS Active Benefits - Dental - Delta Dental - Employee + Spo	ouse								
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58. A webpage for the Loudoun County Public Schools opens and displays the LCPS Benefits Form. This webpage allows you to upload documents. Select the **PID** field.

	Janene Derreikos						
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60. Then select the Last Name field.

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61. Type in the last name "Test."

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62. Now select the Full Name field.

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65. Now you must select your qualifying life event. For this example select Marriage.

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67. Select **Yes** to show that you are adding a spouse.

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68. Select **No** to show that you are not removing a dependent.



69. Select **Upload** to attach your proof document.

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71. The file is now attached to the form. Next select the **Sign** button.

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72. The Sign Document popup window opens. On this window you have the option to Type or Draw your name. For this example we will type the name. Select the **Type your name here** field.



73. Type in your name, "Employee Test." The signature for your name appears in the box below the typed name.

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NOTES 74. Select the **Sign** button.



75. The employee's signature appears in the Signature field. Select **Submit** to submit this form.

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76. A Thank you message appears and notifies you that your form has been submitted. Select the **Close** icon.



77. You are returned to the Attachments page. Select the right-icon for **LCPS Active Benefits – Vision** plan to show details for that plan option.

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79. Select the right-icon for LCPS Active Benefits – Medical plan to show details for that plan option.

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80. After reviewing all details for the enrolled plans, select Next.

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81. The Confirmation Statement page displays. Warnings appear notifying you about additional information requirements that are needed for the changes requested. Review the Benefit Selections for your Enrolled Plans.

Use the scrollbar to navigate down the page.

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Update Enrollments	Cover Depe	indents		Attachments				Confirm	nation Sta	stement		
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Your changes have been saved. However, there are additional action items to c Cigna High Deductible Health Plan (HDHP) = Express Script = -Required - Er Davis VisionRequired - Enrollment in this benefit requires that you provide Deta Dental =-Required - Enrollment in this benefit requires that you provide	complete for the enrollmen nrollment in this benefit re proper certification before proper certification before	Its you selected. Any requires that you provide pr coverage can begin. Plea coverage can begin. Plea	ired action item suspends oper certification before c use contact your Human F use contact your Human F	the election. Optional act overage can begin. Please lesources Representative lesources Representative	ion items contact ; for more for more	are requests for ad your Human Resou details details.	iditional info inces Repre	mation. The ientative for	ise includ more det	e' alt.		h
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82. Continue reviewing your Plan information. Then select **Confirmation Statement** to view this document.

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/01/2018 /01/2018 /01/2018 /01/2018	264,000.00	0.00 0.00 0.00	0.00	71.83 0.00			
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/01/2018 /01/2018	Total	0.00	0.00				
/01/2018	Total	5.00		1.23			
	Total	5.00	0.00	16.32		2	
		2 0.45 88	11.00	444.10		3	
Date Dependent	Relationsh	ip Social Security I	Number				
John Doe	Spouse	111-11-1111					
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83. You are asked if you want to Open or Save the confirmation statement as a PDF. Select **Open**.

Medical - Cigna High Defyctible Health Plan (HDHP) + Express Scripts	Opuon	Cover	age Start Date	Coverage I	Employee PreTax Employee	PostTax E	mployer		
	s(Interim) Employee (Only 07/01/	2018		4.55	0.00	327.69		
Medical - Cigna High Deductible Health Plan (HDHP) + Express Script	s(Suspended) Employee +	+ Spouse 07/01/	2018		64.48	0.00	600.00		
fealth Savings Account - Health Savings Account	Flat Amoun	nt 07/01/	2018		2,000.00	0.00	0.00		
Dental - Delta Dental(Interim)	Employee 0	Only 07/01/	2018		0.62	0.00	26.48		
Dental - Delta Dental(Suspended)	Employee +	+ Spouse 07/01/	2018		7.97	0.00	45.68		
rision - Davis Vision(Suspended)	Employee +	+ Spouse 07/01/	2018		0.50	0.00	3.41		
rision - Waive Vision(Interim)		07/01/	2018		0.00	0.00	0.00		
lealth Care Spending Account - Limited Purpose FSA		06/01/	2018	500.00	35.71	0.00	0.00		
Dependent Care Flexible Spending Account - Waive Dependent Care F	FSA	06/01/	2018		0.00	0.00	0.00		
Critical Illness - Critical Illness Non-Smoker	Employee 0	Only 06/01/	2018	20,000.00	0.00	3.23	0.00		
ccidental Injury - Accidental Injury Plan 1	Employee +	+ Spouse 07/01/	2018		0.00	3.51	0.00		
optional Employee Life Insurance - Waive Optional Employee Life		06/01/	2018		0.00	0.00	0.00		
Optional Spouse Life Insurance - Waive Optional Spouse Life		06/01/	2018		0.00	0.00	0.00		
Optional Child Life Insurance - Waive Optional Child Life		06/01/	2018		0.00	0.00	0.00		
ong Term Disability - Voluntary Long Term Disability	Tier 1 60%	Base Salary 06/01/	2018	3,036.92	0.00	5.16	0.00		
Employer Paid Benefits - Short-Term Disability		06/01/	2018		0.00	0.00	0.63		
Employer Paid Benefits - VLDP - Short Term Disability		06/01/	2018		0.00	0.00	0.00		
Employer Paid Benefits - Group Life - 2X Base Salary		06/01/	2018	264,000.00	0.00	0.00	71.83		
Employer Paid Benefits - EAP		06/01/	2018		0.00	0.00	0.00		
Pension Plan - VRS Health Insurance Credit	Group 1	06/01/	2018		0.00	0.00	1.23		
Pension Plan - VRS Plan 2	Group 1	06/01/	2018		5.00	0.00	16.32		
ension Plan - VRS Plan 2	Group 1	06/01/	2018	Total	5.00 2,045.88	0.00 11.90	16.32 444.18		
emion Plan - VRS Plan 2	Group 1	06/01/	2018	Total	5.00 2,045.88	0.00	16.32 444.18		
ivension Plan - VRS Plan 2 Covered Dependents X ☎ ा ✿ ▾ III	Group 1	06/01/	2018	Total	5.00 2,045.88	0.00	16.32 444.18		
venion Plan - VRS Plan 2 covered Dependents t c □ n to v Ⅲ Ian	Group 1 Option C	06/01/ Coverage Start Dat	e Dependent	Total	5.00 2,045.88 p Social Security Number	0.00	16.32 444.18		
ension Plan - VRS Plan 2 covered Dependents 않 같 : : : : : : : : : : : : : : : : : :	Group 1 Option C Is Employee + Spouse 0	06/01/ Coverage Start Dat	e Dependent John Doe	Total Relationshi Spouse	5.00 2,045.88 p Social Security Number 111-11-111	0.00	16.32 444.18		
ension Plan - VRS Plan 2 icovered Dependents 않고 고 가 같 그 프 Man Medical - Ogna High Deductatie Health Plan (HDHP) + Express Script Detail - Deta Detail	Group 1 Option C ts Employee + Spouse 0 Employee + Spouse 0	06/01/ Coverage Start Dat 17/01/2018	e Dependent John Doe John Doe	Total Relationshi Spouse Spouse	5.00 2,045.88 9 Social Security Number 111-11-1111 111-11-1111	0.00	16.32 444.18		
ension Plan - VRS Plan 2 icovered Dependents 알겠 ②	Group 1 Option C Employee + Spouse 0 Employee + Spouse 0 Employee + Spouse 0	06/01/ Coverage Start Dat 17/01/2018 17/01/2018	e Dependent John Doe John Doe John Doe	Total Relationshi Spouse Spouse Spouse	5.00 2,045.88 p. Social Security Number 111-11-1111 111-11-1111	0.00	16.32 444.18		



- NOTES
- 84. The Confirmation Statement opens in Adobe Acrobat as a PDF file. Take a moment to review the Confirmation Statement for accuracy. Use the scrollbar to navigate down the page.



85. Continue reviewing details of your plan choices and the amounts required for these selections. You can also verify the accuracy of your dependent's information at this time.

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	Employee Life		Tatala	0.00	0.00	0.00			🔏 Fill & Sign
	Optional Spouse Life Insurance - Walve Optional Spouse Life		01-Jun-2018	0.00	0.00	0.00			More Tools More Tools Additional Additional
	Optional Child Life Insurance - Walve		Totals 01-Jun-2018	0.00	0.00	0.00			
	Long Term Disability - Voluntary Long Term Disability Salary	60% Base 3,036.92	Totals 01-Jun-2018	0.00	0.00 5.16	0.00			
	Employer Paid Benefits - Short-Term		Totals 01-Jun-2018	0.00	5.16	0.00			
	Employer Paid Benefits - VLDP - Shurt Term Disability		Totals 01-Jun-2018	0.00	0.00	0.63			
	Employer Paid Benefits - Group Life	264,000.00	Totals 01-Jun-2018	0.00	0.00	0.00 71.83	Use the scrollbar to	٦ Ý.	
	Employer Paid Benefits - EAP		Totals 01-Jun-2018	0.00	0.00	71.83	navigate down the page.		
	Pension Plan - VRS Group Health Insurance Credit	>1	01-Jun-2018	0.00	0.00	1.23			
	Pension Plan - VRS Group Plan 2	>1	Totals 01-Jun-2018	0.00	0.00	1.23 16.32			
	Covered Dependents These are the dependents you	have enrolled in the benefits play	Totais	5.00	0.00	10.32			
	Plan Medical - Cigna High Deductible Health Plan (HDHP) + Express	Option Employee + Spouse	Full Name Doe, Mr. John D		Relationsh Spouse	D1-Jul-2018			
	Scripts Dental - Delta Dental Vision - Davis Vision	Employee + Spouse Employee + Spouse	Doe, Mr. John D Doe, Mr. John D		Spouse Spouse	01-Jul-2018 01-Jul-2018			Store and chare filer in
	Accidental injury - Accidental Injury Plan 1	Employee + Spouse	Doe, Mr. John D		Spouse	01-344-2018			Document Cloud

Use the scrollbar to navigate down the page.



86. After fully reviewing the statement, save a copy for your records and then select the **Close** icon to return to Oracle Self-Service.

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Home Tools BENSSCNF_LC1725 ×	Select the Close icon
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87. If you are satisfied with all of your choices, select **Finish** to complete the enrollment of your dependent in Oracle Self-Service.

Medical - Cigna High Deryctible Health Plan (HDHP) + Express Scripts(I	opuon	Coverage Start Date	Coverage	Employee PreTax Employee	PostTax I	Employer	
	nterim) Employee Only	07/01/2018		4.55	0.00	327.69	
ledical - Cigna High Deductible Health Plan (HDHP) + Express Scripts(S	Suspended) Employee + Spo	use 07/01/2018		64.48	0.00	600.00	
ealth Savings Account - Health Savings Account	Flat Amount	07/01/2018		2,000.00	0.00	0.00	
ental - Delta Dental(Interim)	Employee Only	07/01/2018		0.62	0.00	26.48	
ental - Delta Dental(Suspended)	Employee + Spo	luse 07/01/2018		7.97	0.00	45.68	
fision - Davis Vision(Suspended)	Employee + Spo	use 07/01/2018		0.50	0.00	3.41	
fision - Waive Vision(Interim)		07/01/2018		0.00	0.00	0.00	
ealth Care Spending Account - Limited Purpose FSA		06/01/2018	500.00	35.71	0.00	0.00	
ependent Care Flexible Spending Account - Waive Dependent Care FS	A	06/01/2018		0.00	0.00	0.00	
ritical Illness - Critical Illness Non-Smoker	Employee Only	06/01/2018	20,000.00	0.00	3.23	0.00	
ccidental Injury - Accidental Injury Plan 1	Employee + Spo	use 07/01/2018		0.00	3.51	0.00	
optional Employee Life Insurance - Waive Optional Employee Life		05/01/2018		0.00	0.00	0.00	
ptional Spouse Life Insurance - Waive Optional Spouse Life		06/01/2018		0.00	0.00	0.00	
ptional Child Life Insurance - Waive Optional Child Life		06/01/2018		0.00	0.00	0.00	
ong Term Disability - Voluntary Long Term Disability	Tier 1 60% Base	Salary 06/01/2018	3,036.92	0.00	5.16	0.00	
mployer Paid Benefits - Short-Term Disability		06/01/2018		0.00	0.00	0.63	
mployer Paid Benefits - VLDP - Short Term Disability		06/01/2018		0.00	0.00	0.00	
mployer Paid Benefits - Group Life - 2X Base Salary		06/01/2018	264,000.00	0.00	0.00	71.83	
mployer Paid Benefits - EAP		06/01/2018		0.00	0.00	0.00	
2012 C	Oroug 1	06/04/2019		0.00	0.00	4.00	
ension Plan - VRS Health Insurance Credit	Group 1	00/01/2010		0.00	0.00	1.23	
Pension Plan - VRS Health Insurance Credit Pension Plan - VRS Plan 2	Group 1	06/01/2018		5.00	0.00	16.32	
ension Plan - VRS Health Insurance Credit ension Plan - VRS Plan 2	Group 1	06/01/2018	Total	5.00 2,045.88	0.00	16.32 444.18	
enson Pan - VRS Health Insurance Credit	Group 1	06/01/2018	Total	5.00 2,045.88	0.00	1.23 16.32 444.18	
enson Plan - VRB Haath Insurance Cried ension Plan - VRB Plan 2 overed Dependents	Group 1	06/01/2018	Total	5.00 2,045.88	0.00	1.23 16.32 444.18	
erreion Plan - VRS Planth Insurance Cried erreion Plan - VRS Plan 2 overed Dependents 없 중 문 중 수 물 Ian	Group 1 Group 1 Option Cover	06/01/2018 06/01/2018	Total	2,045.88	0.00	1.23 16.32 444.18	
Hemon Pun - VRS Hwath Insuunce Credit Hemon Pun - VRS Pun 2 Covered Dependents 2	Group 1 Group 1 Option Cover Employee + Spouse 07/01/	age Start Date Dependent 2018 John Doe	Total Relationsh Spouse	5.00 2,045.88 Ip Social Security Number 111-11-1111	0.00	123 16.32 444.18	
Internation Plan - VRB Plan Insuance Credit Internation Plan - VRB Plan 2 Covered Dependents 22 C R & 3an Man Medical - Cigna High Deductible Health Plan (HOHP) - Express Scripts Sential - Delta Dental	Option Cover Employee • Spouse 07/01/ Employee • Spouse 07/01/	odie1/2018 odie1/2018 age Start Date Dependent 2018 John Doe 2018 John Doe	Total Relationsh Spouse Spouse	0.00 5.00 2,045.88	0.00	16.32 444.18	
Internation Plan - VRB Plan Insurance Credit Internation Plan - VRB Plan 2 Sovered Dependents 22 C R & 3a Man Medical - Cigna High Deductible Health Plan (HOHP) - Express Scripts Xental - Delta Dental Alson - Davis Vision	Option Cover Employee * Spoure 07/01/ Employee * Spoure 07/01/	age Start Date Dependent 2018 John Doe 2018 John Doe	Total Relationsh Spouse Spouse Spouse	0.00 5.00 2,045.88 Ip Social Security Number 111-11-111 111-11-1111	0.00	16.32 444.18	



88. The Home page will display. From here you can continue to work in the Oracle system. You have completed the training module How to Add Life Events, Update and Enroll Dependents for Benefits in Oracle Self-Service.

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Key Points and Best Practices