



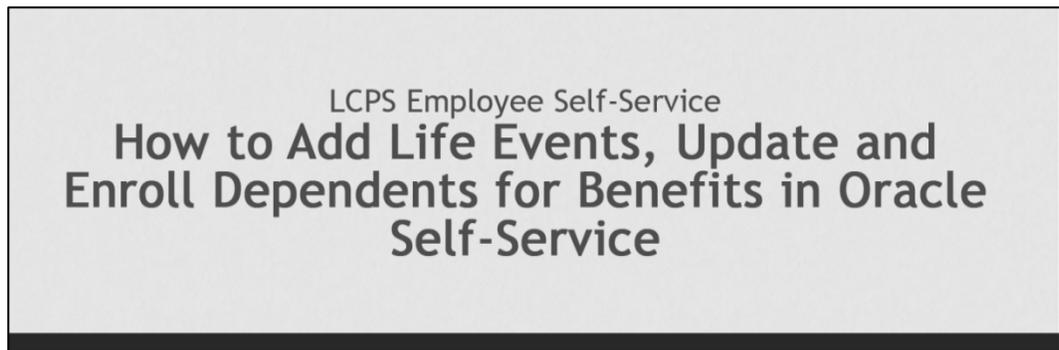
LCPS: HOW TO ADD LIFE EVENTS, UPDATE AND ENROLL DEPENDENTS FOR BENEFITS

Summary

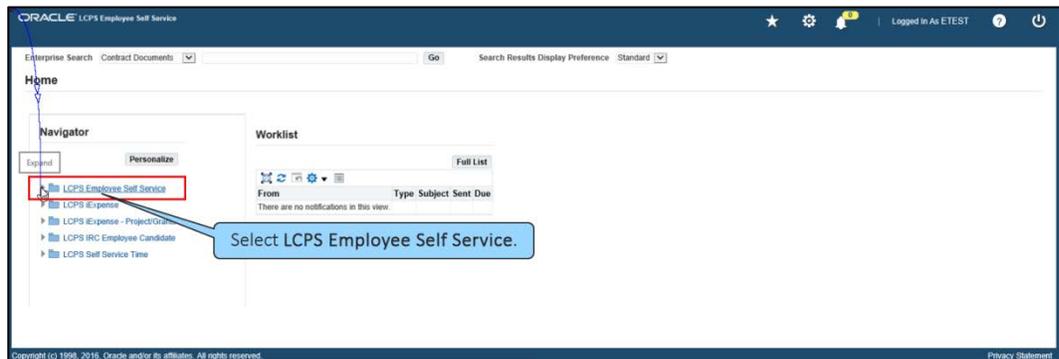
In this module you will learn how to add life events, update and enroll dependents for benefits.

Steps

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



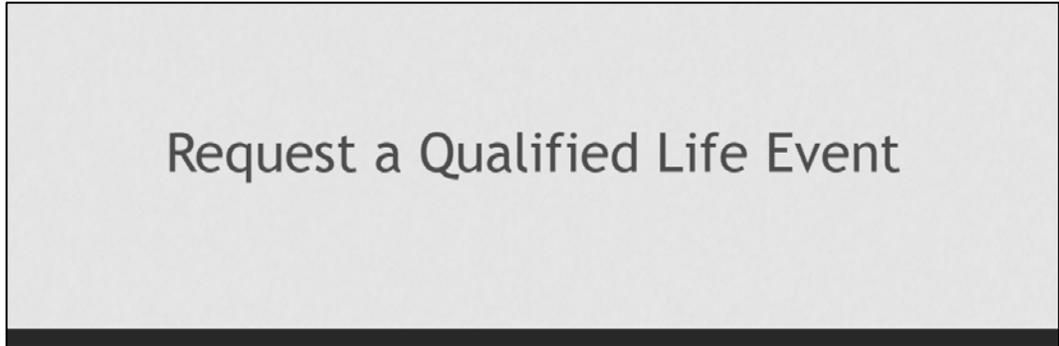
2. Select the **LCPS Employee Self-Service** link on the Home page.



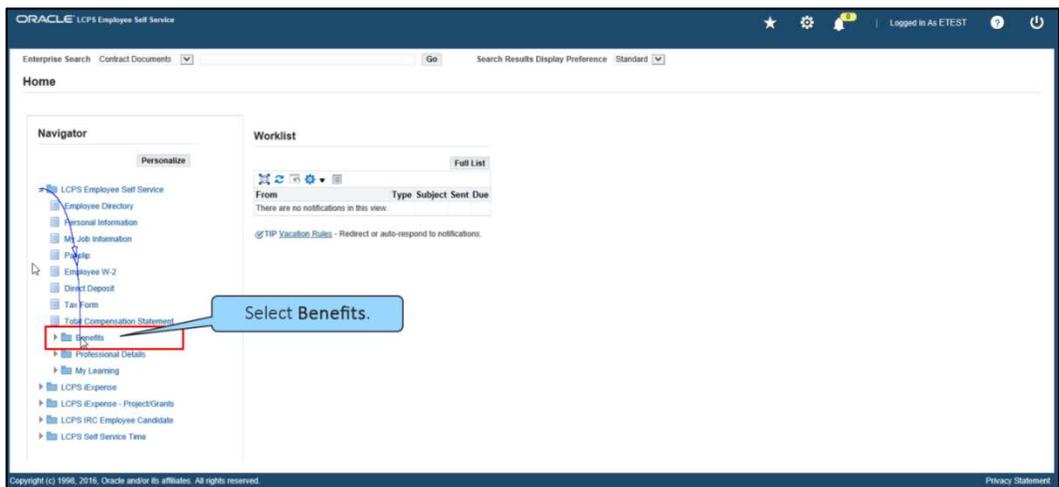


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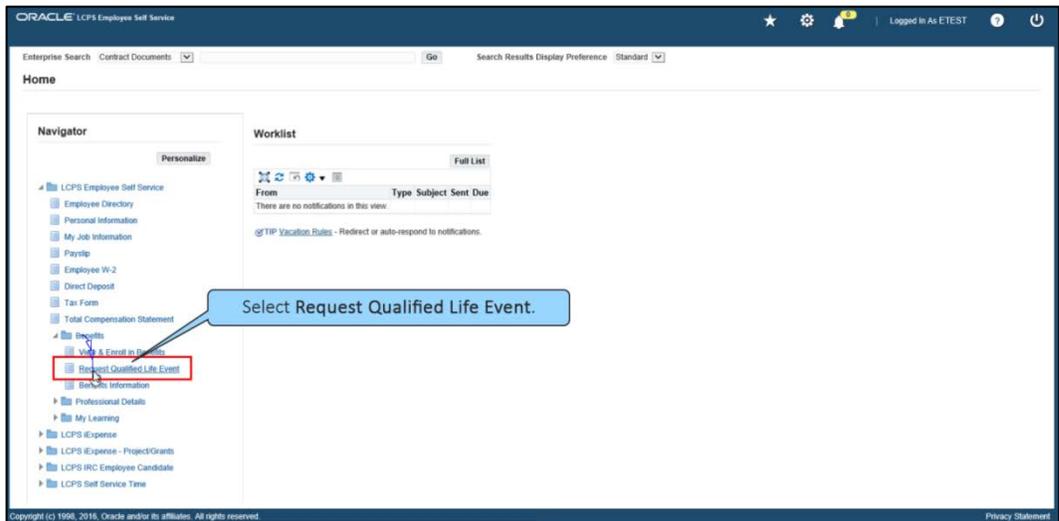
3. Let's begin by Requesting a Qualified Life Event.



4. Select **Benefits**.



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





NOTES

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.

Request Qualified Life Event: Special Information

Employee Name: Test, Employee
Organization Email Address: [redacted]

Employee Number: 246058
Employer: Loudoun County Public Schools BG

Select Qualified Life Event:
You have 30-days from the date of your qualifying event to make appropriate changes to your benefits. Which of the events listed below applies to you? Select only one. To process, click the "ADD" button under the event you have chosen and enter the date of the event. Click "Next" to move to the next screen.

- Date of Birth or Adoption of Child
- Date of Marriage
- Date of Divorce or Legal Separation
- Date the Dependent Gains or Loses Coverage
- Date the Employee Gains or Loses Coverage

Contact the Employee Health, Wellness and Benefits office if you experience more than one qualifying event or the death of dependent. A qualifying event that occurred more than 30 days from today is not eligible to be processed. If you missed the 30-day window, you can make appropriate changes to your benefit elections during Open Enrollment.

1) Birth or Adoption

Qualified Status Change	Start Date	End Date	Status
No results found.			

2) Marriage

Qualified Status Change	Start Date	End Date	Status
No results found.			

3) Divorce

Qualified Status Change	Start Date	End Date	Status
No results found.			

4) Dependent Loses Coverage

Qualified Status Change	Start Date	End Date	Status
No results found.			

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

2) Marriage

Employee Name: Test, Employee
Organization Email Address: [redacted]

Employee Number: 246058
Employer: Loudoun County Public Schools BG

Qualified Status Change: Marriage

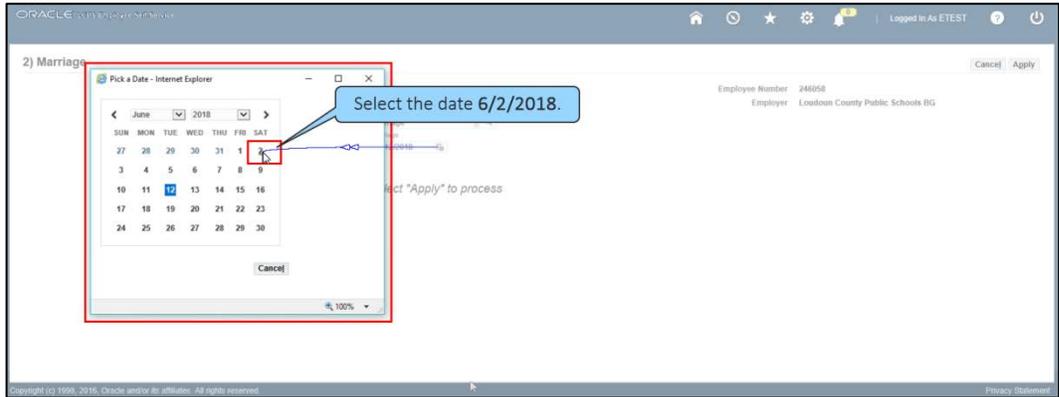
Start Date: 06/12/2018

Select "Apply" to process

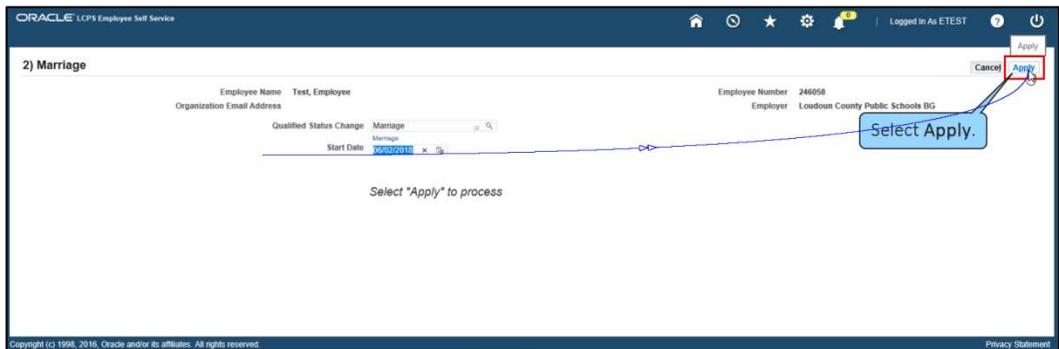


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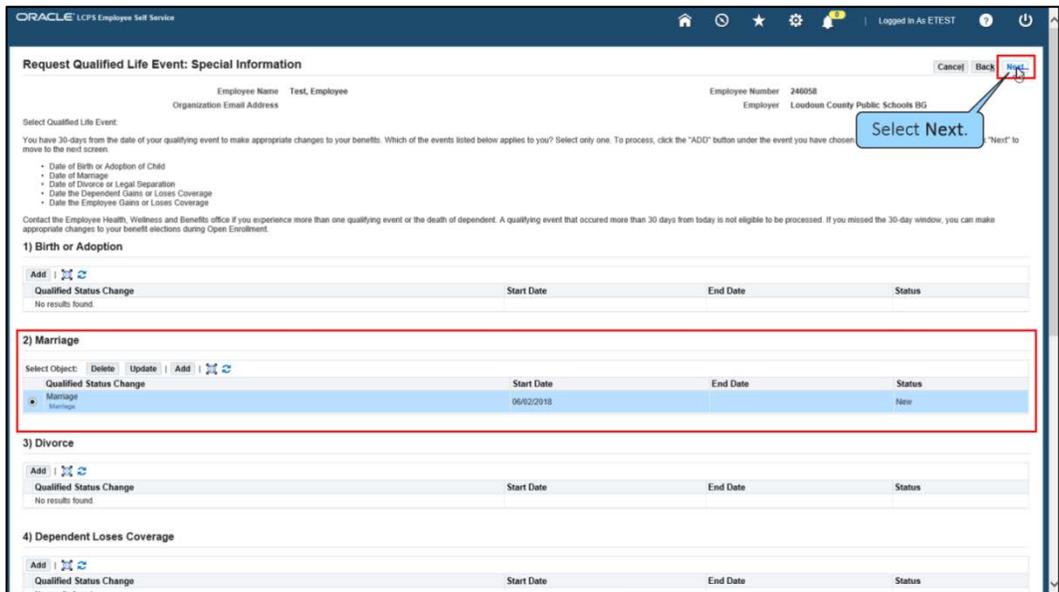
8. The Pick a Date pop-up window displays. Select the marriage date "6/2/2018."



9. Then select **Apply**.



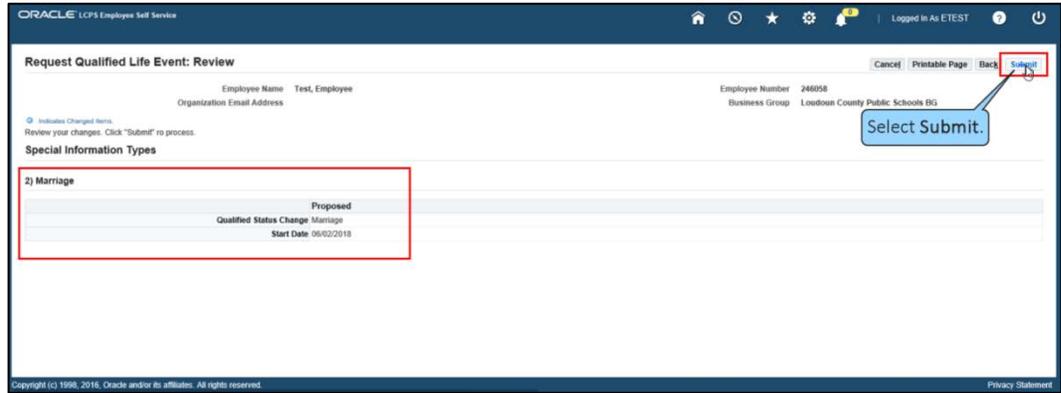
10. Verify that your life event has been added. Select **Next**





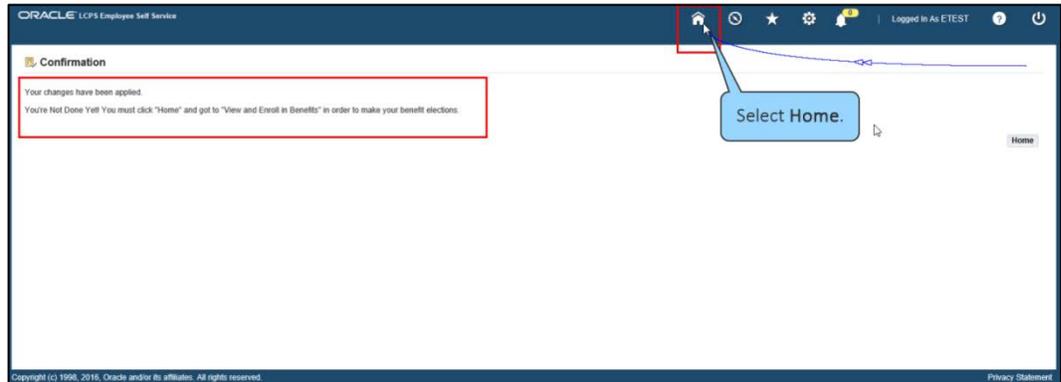
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11. Finally, review your changes and select **Submit**

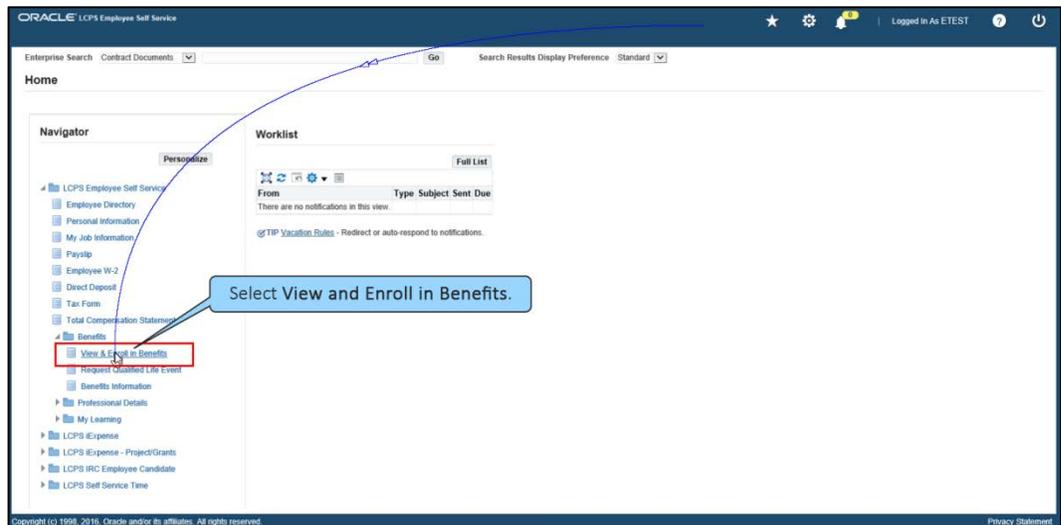


12. A Confirmation page displays and notifies you that your changes have been saved and that you are not done yet and you must go to "View and Enroll in Benefits".

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



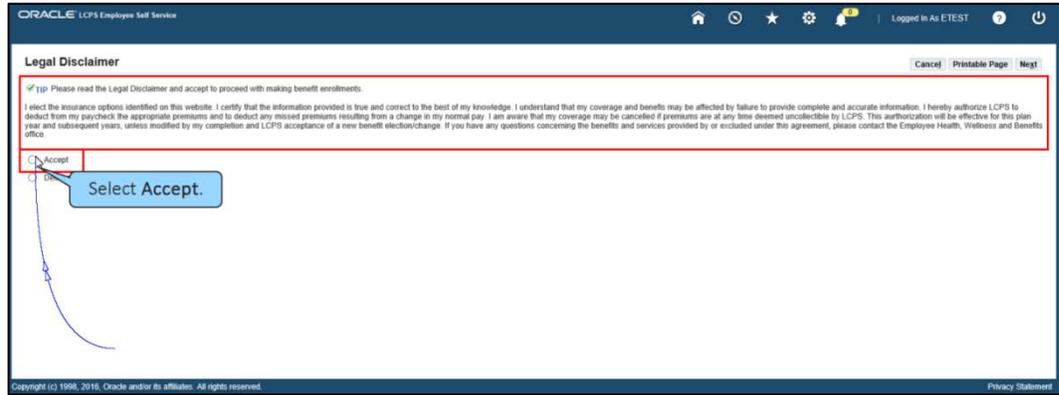
13. Now we will update our dependents.





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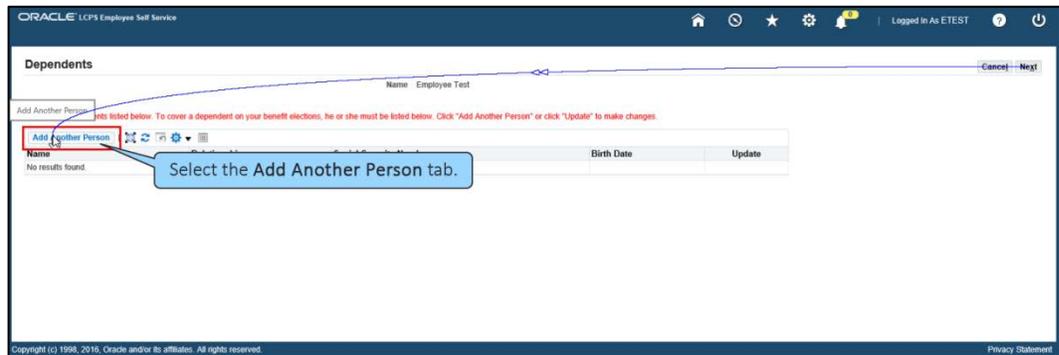
14. From the Benefits drop-menu on the Home page, select **View and Enroll in Benefits**.



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



16. Then select **Next**.

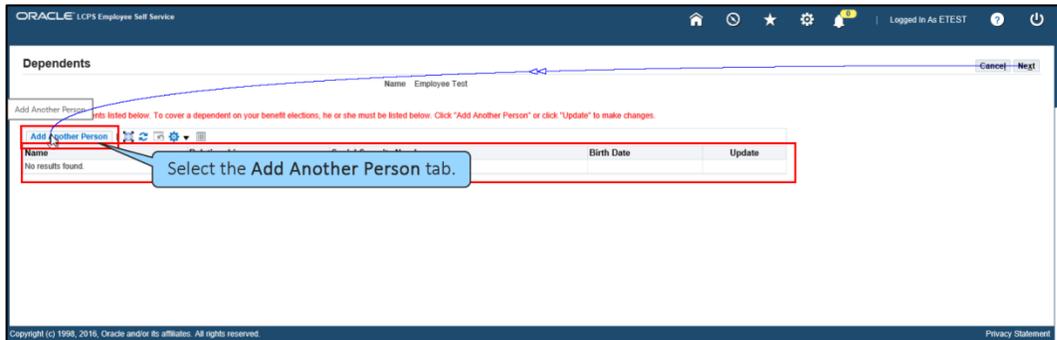




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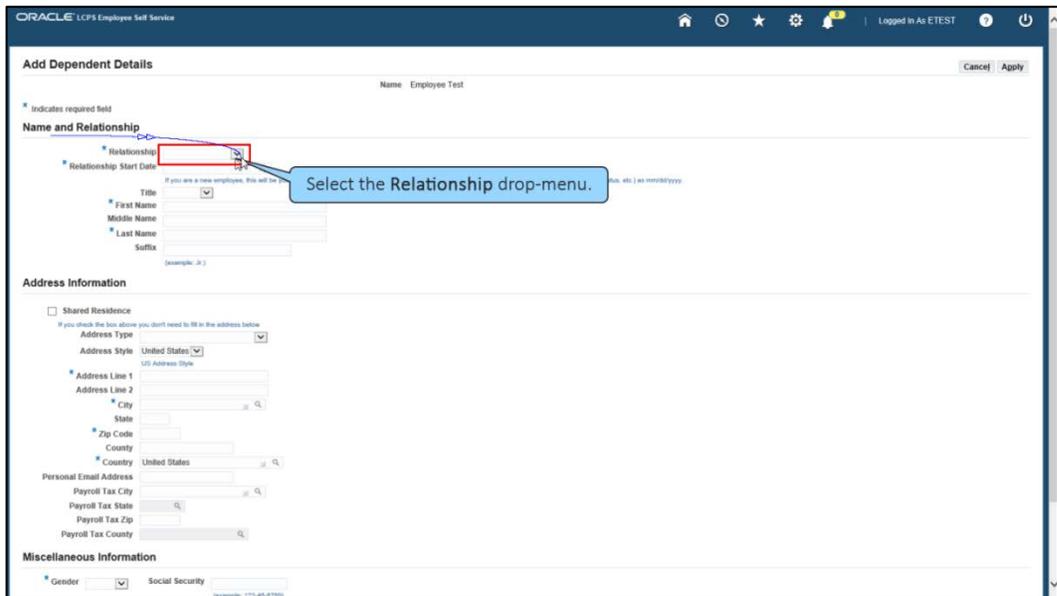
17. The Dependents page displays. This page shows all dependents associated with you that could be enrolled in benefits coverage if found eligible.

For this example select the **Add Another Person** tab.



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.





NOTES

19. Select the **Spouse** option.

ORACLE LCPS Employee Self Service

Add Dependent Details

Name Employee Test

Indicates required field

Name and Relationship

Relationship: **Spouse**

Relationship Start Date:

Title:

First Name:

Middle Name:

Last Name:

Suffix:

Address Information

Shared Residence:

Address Type:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Country:

Personal Email Address:

Payroll Tax City:

Payroll Tax State:

Payroll Tax Zip:

Payroll Tax County:

Miscellaneous Information

Gender:

Social Security:

20. Select the **Relationship Start Date** field and enter the date of the Life Event.

ORACLE LCPS Employee Self Service

Add Dependent Details

Name Employee Test

Indicates required field

Name and Relationship

Relationship:

Relationship Start Date:

Title:

First Name:

Middle Name:

Last Name:

Suffix:

Address Information

Shared Residence:

Address Type:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Country:

Personal Email Address:

Payroll Tax City:

Payroll Tax State:

Payroll Tax Zip:

Payroll Tax County:

Miscellaneous Information

Gender:

Social Security:



NOTES

21. Type in "06/02/2018."

The screenshot shows the 'Add Dependent Details' form in the Oracle LCPS Employee Self Service system. The form is titled 'Name Employee Test' and has 'Cancel' and 'Apply' buttons. A callout bubble points to the 'Relationship Start Date' field, which contains the date '06/02/2018'. The form is divided into several sections: 'Name and Relationship', 'Address Information', and 'Miscellaneous Information'. The 'Name and Relationship' section includes fields for 'Relationship' (set to 'Spouse'), 'Relationship Start Date', 'Title', 'First Name', 'Middle Name', 'Last Name', and 'Suffix'. The 'Address Information' section includes a 'Shared Residence' checkbox, 'Address Type', 'Address Style', 'Address Line 1', 'Address Line 2', 'City', 'State', 'Zip Code', and 'Country'. The 'Miscellaneous Information' section includes 'Gender' and 'Social Security' fields.

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

The screenshot shows the same 'Add Dependent Details' form as in the previous image. A callout bubble now points to the 'Title' field, which is highlighted with a red box. The text in the callout bubble says 'Select the Title drop-menu.' The 'Relationship Start Date' field still contains '06/02/2018'. The rest of the form structure remains the same.



NOTES

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

The screenshot shows the 'Add Dependent Details' form in Oracle LCPS Employee Self Service. The 'Name and Relationship' section is active, with a dropdown menu for 'Title' open. The options are 'Dr.', 'Miss', 'Mr.', 'Mrs.', 'Ms.', and 'Professor'. 'Mr.' is selected, and a blue callout box with the text 'Select Mr.' points to it. Other fields in this section include 'Relationship' (Spouse), 'Relationship Start Date' (06/02/2018), 'First Name', 'Middle Name', 'Last Name', and 'Suffix'. Below this is the 'Address Information' section with fields for 'Address Type', 'Address Style', 'Address Line 1', 'Address Line 2', 'City', 'State', 'Zip Code', and 'Country'. The 'Miscellaneous Information' section includes 'Gender' and 'Social Security'.

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

The screenshot shows the 'Add Dependent Details' form in Oracle LCPS Employee Self Service. The 'Name and Relationship' section is active, with the 'First Name' field highlighted by a red box. A blue callout box with the text 'Select the First Name field.' points to it. Other fields in this section include 'Relationship' (Spouse), 'Relationship Start Date' (06/02/2018), 'Title', 'Middle Name', 'Last Name', and 'Suffix'. Below this is the 'Address Information' section with fields for 'Address Type', 'Address Style', 'Address Line 1', 'Address Line 2', 'City', 'State', 'Zip Code', and 'Country'. The 'Miscellaneous Information' section includes 'Gender' and 'Social Security'.



NOTES

25. Type in "John".

ORACLE LCPS Employee Self Service

Add Dependent Details Cancel Apply

Name Employee Test

Indicates required field

Name and Relationship

Relationship Spouse
Relationship Start Date 06/02/2016

If you are a new employee, this will be your date of hire. Otherwise, enter the date of your qualified event (i.e., birth, marriage, change in employment status, etc.) as mm/dd/yyyy

Title Mr

First Name John

Middle Name

Last Name

Suffix

(example: Jr.)

Address Information

Shared Residence

If you check the box above you don't need to fill in the address below

Address Type United States

Address Style United States

Address Line 1

Address Line 2

City

State

Zip Code

Country United States

Personal Email Address

Payroll Tax City

Payroll Tax State

Payroll Tax Zip

Payroll Tax County

Miscellaneous Information

Gender

Social Security

26. Select the **Middle Name** field.

ORACLE LCPS Employee Self Service

Add Dependent Details Cancel Apply

Name Employee Test

Indicates required field

Name and Relationship

Relationship Spouse
Relationship Start Date 06/02/2016

If you are a new employee, this will be your date of hire. Otherwise, enter the date of your qualified event (i.e., birth, marriage, change in employment status, etc.) as mm/dd/yyyy

Title Mr

First Name John

Middle Name

Last Name

Suffix

(example: Jr.)

Address Information

Shared Residence

If you check the box above you don't need to fill in the address below

Address Type United States

Address Style United States

Address Line 1

Address Line 2

City

State

Zip Code

Country United States

Personal Email Address

Payroll Tax City

Payroll Tax State

Payroll Tax Zip

Payroll Tax County

Miscellaneous Information

Gender

Social Security



NOTES

27. Type in "D".

ORACLE LCPS Employee Self Service

Add Dependent Details Cancel Apply

Name Employee Test

Indicates required field

Name and Relationship

Relationship Spouse

Relationship Start Date 06/02/2018

First Name John

Middle Name D

Last Name I

Suffix

Type in "D".

Address Information

Shared Residence

Address Type United States

Address Line 1

Address Line 2

City

State

Zip Code

County

Country United States

Personal Email Address

Payroll Tax City

Payroll Tax State

Payroll Tax Zip

Payroll Tax County

Miscellaneous Information

Gender

Social Security

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

ORACLE LCPS Employee Self Service

Add Dependent Details Cancel Apply

Name Employee Test

Indicates required field

Name and Relationship

Relationship Spouse

Relationship Start Date 06/02/2018

First Name John

Middle Name D

Last Name I

Suffix

Select the Last Name field.

Address Information

Shared Residence

Address Type United States

Address Line 1

Address Line 2

City

State

Zip Code

County

Country United States

Personal Email Address

Payroll Tax City

Payroll Tax State

Payroll Tax Zip

Payroll Tax County

Miscellaneous Information

Gender

Social Security



NOTES

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

ORACLE LCPS Employee Self Service

Add Dependent Details

Name Employee Test

Indicates required field

Name and Relationship

Relationship Spouse

Relationship Start Date 06/02/2018

Title Mr

First Name John

Middle Name D

Last Name Doe

Suffix

Type in "Doe."

Address Information

Shared Residence

Address Type United States

Address Line 1

Address Line 2

City

State

Zip Code

Country United States

Personal Email Address

Payroll Tax City

Payroll Tax State

Payroll Tax Zip

Payroll Tax County

Miscellaneous Information

Gender

Social Security

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

ORACLE LCPS Employee Self Service

Add Dependent Details

Name Employee Test

Indicates required field

Name and Relationship

Relationship Spouse

Relationship Start Date 06/02/2018

Title Mr

First Name John

Middle Name D

Last Name D

Suffix

Address Information

Shared Residence

Address Type United States

Address Line 1

Address Line 2

City

State

Zip Code

Country United States

Personal Email Address

Payroll Tax City

Payroll Tax State

Payroll Tax Zip

Payroll Tax County

Miscellaneous Information

Gender

Social Security

Select the Shared Residence box.



NOTES

- 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.

ORACLE LCPS Employee Self Service

Add Dependent Details Cancel Apply

Name Employee Test

Indicates required field

Name and Relationship

Relationship Spouse

Relationship Start Date 06/02/2018

If you are a new employee, this will be your date of hire. Otherwise, enter the date of your qualified event (i.e., birth, marriage, change in employment status, etc.) as applicable

Title Mr

First Name John

Middle Name D

Last Name Doe

Suffix

(example: Jr.)

Address Information

Shared Residence

If you check the box above you don't need to fill in the address below

Miscellaneous Information

Gender Social Security

(example: 123 45 6789)

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- 32. Select **Male**.

ORACLE LCPS Employee Self Service

Add Dependent Details Cancel Apply

Name Employee Test

Indicates required field

Name and Relationship

Relationship Spouse

Relationship Start Date 06/02/2018

If you are a new employee, this will be your date of hire. Otherwise, enter the date of your qualified event (i.e., birth, marriage, change in employment status, etc.) as applicable

Title Mr

First Name John

Middle Name D

Last Name Doe

Suffix

(example: Jr.)

Address Information

Shared Residence

If you check the box above you don't need to fill in the address below

Miscellaneous Information

Gender Social Security

(example: 123 45 6789)

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NOTES

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

The screenshot shows the 'Add Dependent Details' form in Oracle LCPS Employee Self Service. The form is for an employee named 'Employee Test'. Under the 'Miscellaneous Information' section, the 'Social Security' field is highlighted with a red box. A blue callout bubble points to this field with the text 'Select the Social Security field.' Other fields include 'Relationship' (Spouse), 'Relationship Start Date' (06/02/2018), 'Title' (Mr), 'First Name' (John), 'Middle Name' (D), and 'Last Name' (Doe).

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

The screenshot shows the same 'Add Dependent Details' form. The 'Social Security' field now contains the value '111-11-1111' and is highlighted with a red box. A blue callout bubble points to the field with the text 'Type in "111-11-1111."' The 'Date of Birth' field is also visible but empty.

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

The screenshot shows the 'Add Dependent Details' form. The 'Social Security' field now contains '111-11-1111'. The 'Date of Birth' field is highlighted with a red box. A blue callout bubble points to this field with the text 'Select the Date of Birth field.' The 'Apply' button is visible in the top right corner.



NOTES

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

ORACLE LCPS Employee Self Service

Add Dependent Details

Name Employee Test

Indicates required field

Name and Relationship

Relationship Spouse

Relationship Start Date 06/02/2018

Title Mr

First Name John

Middle Name D

Last Name Doe

Suffix

Address Information

Shared Residence

Miscellaneous Information

Gender Male

Social Security 111-11-1111

Date of Birth 12/02/1997

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

ORACLE LCPS Employee Self Service

Add Dependent Details

Name Employee Test

Indicates required field

Name and Relationship

Relationship Spouse

Relationship Start Date 06/02/2018

Title Mr

First Name John

Middle Name D

Last Name Doe

Suffix

Address Information

Shared Residence

Miscellaneous Information

Gender Male

Social Security 111-11-1111

Date of Birth 12/02/1997

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

ORACLE LCPS Employee Self Service

Dependents

Name Employee Test

Review the dependents listed below. To cover a dependent on your benefit elections, he or she must be listed below. Click "Add Another Person" or click "Update" to make changes.

Add Another Person

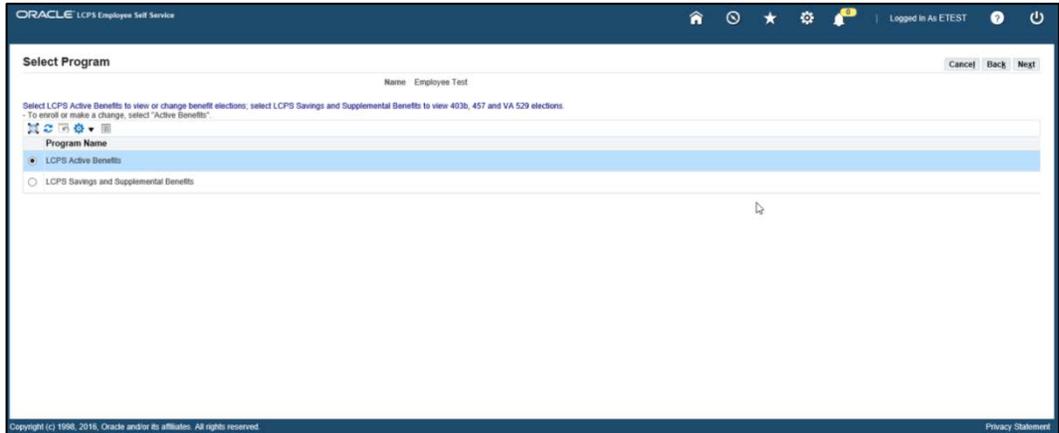
Name	Relationship	Social Security Number	Birth Date	Update
John Doe	Spouse	111-11-1111	12/02/1997	

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NOTES

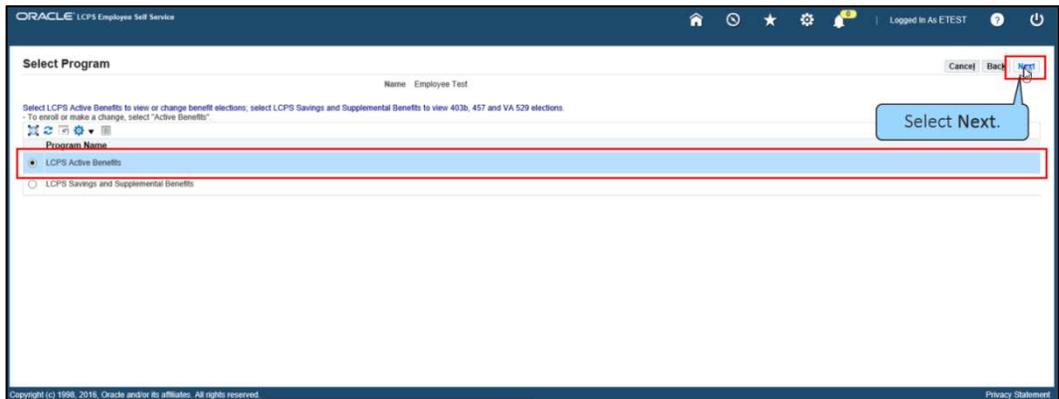
39. The Select Program page displays.



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





NOTES

- 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.

Benefit Enrollments

Name: Employee Test
Event Name: LCPS Marriage

Program: LCPS Active Benefits
Enrollment Period: 06/11/2018 - 07/02/2018

Benefit Selections

Plan	Option	Coverage Start Date	Coverage	Employee PreTax	Employee PostTax	Employer
Medical - Cigna High Deductible Health Plan (HDHP) - Express Scripts	Employee Only	06/01/2018		4.55	0.00	327.69
Health Savings Account - Waive Health Savings Account		06/01/2018		0.00	0.00	0.00
Dental - Delta Dental	Employee Only	06/01/2018		0.62	0.00	26.48
Vision - Waive Vision		06/01/2018		0.00	0.00	0.00
Health 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 FSA		06/01/2018		0.00	0.00	0.00
Critical Illness - Critical Illness Non-Smoker	Employee Only	06/01/2018	20,000.00	0.00	3.23	0.00
Accidental Injury - Waive Accidental Injury		06/01/2018		0.00	0.00	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
Long 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
Total				45.86	8.39	444.16

- 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.

Update Benefits: Update Enrollments

Name: Employee Test
Event Name: LCPS Marriage

Program: LCPS Active Benefits
Enrollment Period: 06/11/2018 - 07/02/2018

Make your benefits elections below.

Medical

If you do not wish to enroll in any Medical, Dental or Vision plans you may select the Opt Out Credit and receive \$9 per pay in your paycheck. Documentation is required if enrolling your spouse and/or children. You will attach documents in the upcoming screens. Click here for a list of required documents.

Indicates Certification is required.

Plan	Option	Select	Employee Pre Tax	Employer
Cigna OAP - Express Scripts	Employee Only	<input type="checkbox"/>	8.45	358.73
	Employee + Child	<input checked="" type="checkbox"/>	46.13	474.81
	Employee + Spouse	<input checked="" type="checkbox"/>	110.49	624.99
	Employee + Family	<input checked="" type="checkbox"/>	164.99	752.14
Cigna POS - Express Scripts	Employee Only	<input type="checkbox"/>	64.57	358.73
	Employee + Child	<input checked="" type="checkbox"/>	125.82	474.81
	Employee + Spouse	<input checked="" type="checkbox"/>	222.74	624.99
	Employee + Family	<input checked="" type="checkbox"/>	305.32	752.14
Cigna High Deductible Health Plan (HDHP) - Express Scripts	Employee Only	<input checked="" type="checkbox"/>	4.55	327.69
	Employee + Child	<input checked="" type="checkbox"/>	10.24	461.54
	Employee + Spouse	<input checked="" type="checkbox"/>	64.48	600.00



NOTES

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

Check the Employee + Spouse box.

Plan	Option	Select	Annual Cost	Employee Pre Tax
Health Savings Account	Flat Amount	<input type="checkbox"/>	0.00	0.00
	Percentage	<input type="checkbox"/>	0.00	0.00
Waive Health Savings Account		<input checked="" type="checkbox"/>		

Plan	Option	Select	Employee Pre Tax	Employer
Delta Dental	Employee Only	<input checked="" type="checkbox"/>	0.62	26.48
	Employee + Child	<input type="checkbox"/>	3.46	35.18
	Employee + Spouse	<input checked="" type="checkbox"/>	7.97	45.68
	Employee + Family	<input type="checkbox"/>	12.20	55.58
Waive Dental		<input type="checkbox"/>		

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

Uncheck the Waive Health Savings Account box.

Plan	Option	Select	Annual Cost	Employee Pre Tax
Health Savings Account	Flat Amount	<input type="checkbox"/>	0.00	0.00
	Percentage	<input type="checkbox"/>	0.00	0.00
Waive Health Savings Account		<input type="checkbox"/>		

Plan	Option	Select	Employee Pre Tax	Employer
Delta Dental	Employee Only	<input checked="" type="checkbox"/>	0.62	26.48
	Employee + Child	<input type="checkbox"/>	3.46	35.18
	Employee + Spouse	<input checked="" type="checkbox"/>	7.97	45.68
	Employee + Family	<input type="checkbox"/>	12.20	55.58
Waive Dental		<input type="checkbox"/>		



NOTES

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

The screenshot shows the 'Health Savings Account' section of a benefits enrollment form. It includes a table with columns for 'Plan', 'Option', 'Select', 'Annual Cost', and 'Employee Pre Tax'. The 'Flat Amount' option is selected with a checkmark. A callout box with a blue background and white text says 'Select the Flat Amount Employee Pre Tax field.' and points to the 'Flat Amount' row. The 'Employee Pre Tax' field is highlighted with a red box and contains the value '0.00'.

Plan	Option	Select	Annual Cost	Employee Pre Tax
Health Savings Account	Flat Amount	<input checked="" type="checkbox"/>	0.00	0.00
	Percentage	<input type="checkbox"/>	0.00	0.00

47. Type in the amount, "1000.00."

The screenshot shows the same 'Health Savings Account' section as above. The 'Employee Pre Tax' field is now highlighted with a red box and contains the value '1000.00'. A callout box with a blue background and white text says 'Type in the amount, "1000.00."' and points to the 'Employee Pre Tax' field. The 'Flat Amount' option remains selected.

Plan	Option	Select	Annual Cost	Employee Pre Tax
Health Savings Account	Flat Amount	<input checked="" type="checkbox"/>	0.00	1000.00
	Percentage	<input type="checkbox"/>	0.00	0.00



NOTES

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

Employee + Spouse	<input checked="" type="checkbox"/>	64.48	600.00
Employee + Family	<input type="checkbox"/>	92.13	738.46
Opt Out Credit	<input type="checkbox"/>		9.00
Waive Medical	<input type="checkbox"/>		

Health Savings Account

Please enter the PER Pay amount you wish to contribute.

Plan	Option	Select	Annual Cost	Employee Pre Tax
Health Savings Account	Flat Amount	<input checked="" type="checkbox"/>	0.00	1000.00 x <input type="text" value="1"/>
	Percentage	<input type="checkbox"/>	0.00	0.00 <input type="text" value="1"/>
Waive Health Savings Account		<input type="checkbox"/>		

Dental

Documentation is required if enrolling your spouse and/or children. Click here for a list of required documents.

Indicates Certification is required.

Plan	Option	Select	Employee Pre Tax	Employer
Delta Dental	Employee Only	<input checked="" type="checkbox"/>	28.48	
	Employee + Child	<input type="checkbox"/>	3.46	35.18
	Employee + Spouse	<input checked="" type="checkbox"/>	7.97	45.68
	Employee + Family	<input type="checkbox"/>	12.20	55.58
	Waive Dental	<input type="checkbox"/>		

Vision

Documentation is required if enrolling your spouse and/or children. Click here for a list of required documents.

Indicates Certification is required.

Plan	Option	Select	Employee Pre Tax	Employer
Davis Vision	Employee Only	<input type="checkbox"/>	2.20	
	Employee + Child	<input type="checkbox"/>	0.37	3.13
	Employee + Spouse	<input checked="" type="checkbox"/>	0.50	3.41
	Employee + Family	<input type="checkbox"/>	1.24	5.14
Waive Vision		<input type="checkbox"/>		

49. Scroll down the page to the Vision Plan options. Check the **Employee + Spouse** box for the Vision Plan.

Employee Only	<input type="checkbox"/>	0.62	26.48
Employee + Child	<input type="checkbox"/>	3.46	35.18
Employee + Spouse	<input checked="" type="checkbox"/>	7.97	45.68
Employee + Family	<input type="checkbox"/>	12.20	55.58
Waive Dental	<input type="checkbox"/>		

Vision

Documentation is required if enrolling your spouse and/or children. Click here for a list of required documents.

Indicates Certification is required.

Plan	Option	Select	Employee Pre Tax	Employer
Davis Vision	Employee Only	<input type="checkbox"/>	2.20	
	Employee + Child	<input type="checkbox"/>	0.37	3.13
	Employee + Spouse	<input checked="" type="checkbox"/>	0.50	3.41
	Employee + Family	<input type="checkbox"/>	1.24	5.14
	Waive Vision	<input type="checkbox"/>		

Health Care Spending Account

Please enter the ANNUAL amount you wish to contribute. You may contribute up to a maximum of \$2550 annually.

Indicates Certification is required.

Plan	Select	Coverage	Annual Cost	Employee Pre Tax
Healthcare FSA	<input type="checkbox"/>	0.00 <input type="text" value="1"/>	0.00	0.00
Limited Purpose FSA	<input checked="" type="checkbox"/>	500.00 <input type="text" value="1"/>	500.00	35.71
Waive Healthcare FSA	<input type="checkbox"/>			

Dependent Care Flexible Spending Account

Please enter the ANNUAL amount you wish to contribute. You may contribute up to a maximum of \$5000 per household annually.

Indicates Certification is required.

Plan	Select	Coverage	Annual Cost	Employee Pre Tax
Dependent Care FSA	<input type="checkbox"/>	0.00 <input type="text" value="1"/>	0.00	0.00



NOTES

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

Plan	Option	Select	Employee Post Tax
Accidental Injury Plan 1	Employee Only	<input type="checkbox"/>	4.55
	Employee + Child(ren)	<input type="checkbox"/>	3.51
	Employee + Spouse	<input checked="" type="checkbox"/>	6.01
	Family	<input type="checkbox"/>	3.96
Accidental Injury Plan 2	Employee Only	<input type="checkbox"/>	8.88
	Employee + Child(ren)	<input type="checkbox"/>	6.78
	Employee + Spouse	<input type="checkbox"/>	11.71
	Family	<input type="checkbox"/>	
Waive Accidental Injury		<input checked="" type="checkbox"/>	

Optional Employee Life Insurance

Plan	Select
Waive Optional Employee Life	<input checked="" type="checkbox"/>

Optional Spouse Life Insurance

Plan	Select
Waive Optional Spouse Life	<input checked="" type="checkbox"/>

Optional Child Life Insurance

Plan	Select
Waive Optional Child Life	<input checked="" type="checkbox"/>

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

Plan	Option	Select	Employee Post Tax
Accidental Injury Plan 1	Employee Only	<input type="checkbox"/>	2.05
	Employee + Child(ren)	<input type="checkbox"/>	4.55
	Employee + Spouse	<input checked="" type="checkbox"/>	3.51
	Family	<input type="checkbox"/>	6.01
Accidental Injury Plan 2	Employee Only	<input type="checkbox"/>	3.96
	Employee + Child(ren)	<input type="checkbox"/>	8.88
	Employee + Spouse	<input type="checkbox"/>	6.78
	Family	<input type="checkbox"/>	11.71
Waive Accidental Injury		<input type="checkbox"/>	

Optional Employee Life Insurance

Plan	Select
Waive Optional Employee Life	<input checked="" type="checkbox"/>

Optional Spouse Life Insurance

Plan	Select
Waive Optional Spouse Life	<input checked="" type="checkbox"/>

Optional Child Life Insurance

Plan	Select
Waive Optional Child Life	<input checked="" type="checkbox"/>

Long Term Disability

LTD Tier 1 - 90 calendar day elimination period, pays 60% for a maximum of two years; is fully integrated with other income (60% pre-disability salary is the maximum income)



NOTES

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

LTD Tier 1 - 90 calendar day elimination period, pays 60% for a maximum of two years, is fully integrated with other income (50% pre-disability salary to the maximum income).
LTD Tier 2 - 180 calendar day elimination period, pays 40% up to social security retirement age, is not integrated up to 50% of pre-disability salary.
[Click here for the LTD Plan Document](#)
The coverage amount is your monthly salary - to estimate your benefit, multiply the coverage amount by the percent in the tier you have chosen.

Plan	Option	Select	Coverage	Employee Post Tax
Voluntary Long Term Disability	Tier 1 60% Base Salary	<input checked="" type="checkbox"/>	3,036.92	5.16

Employer Paid Benefits

Plan	Select	Coverage	Employer
Short-Term Disability	<input checked="" type="checkbox"/>		0.63
VLPD - Short Term Disability	<input checked="" type="checkbox"/>		
Group Life - 2X Base Salary	<input checked="" type="checkbox"/>	264,000.00	71.93
EAP	<input checked="" type="checkbox"/>		

Pension Plan

VRS premiums are reflected as a percentage of salary rather than an actual dollar amount.

Plan	Option	Select	Employee Pre Tax	Employer
VRS Health Insurance Credit	Group 1	<input checked="" type="checkbox"/>		1.23
VRS Plan 2	Group 1	<input checked="" type="checkbox"/>	5.00	16.32

TIP "Click "Next" button to continue."

Recalculate Back **Next**

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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.

ORACLE LCPS Employee Self Service | Logged in As ETEST

Benefits Enrollment | Current Benefits

Update Enrollments | **Cover Dependents** | Attachments | Confirmation Statement

Update Benefits: Cover Dependents

Name: Employee Test | Program: LCPS Active Benefits
Event Name: LCPS Marriage | Enrollment Period: 06/11/2018 - 07/02/2019

Dependent Selection

Please check the box for each dependent you wish to cover for each Plan. You may cover different dependents in each Plan.

Plan	Dependent	Relationship	Social Security Number	Eligible	Cover
Medical : Cigna High Deductible Health Plan (HDHP) + Express Scripts Employee + Spouse	John Doe	Spouse	111-11-1111	Yes	<input checked="" type="checkbox"/>
	John Doe	Spouse	111-11-1111	Yes	<input type="checkbox"/>
Dental : Delta Dental Employee + Spouse	John Doe	Spouse	111-11-1111	Yes	<input type="checkbox"/>
	John Doe	Spouse	111-11-1111	Yes	<input type="checkbox"/>
Vision : Davis Vision Employee + Spouse	John Doe	Spouse	111-11-1111	Yes	<input type="checkbox"/>
	John Doe	Spouse	111-11-1111	Yes	<input type="checkbox"/>
Accidental Injury : Accidental Injury Plan 1 Employee + Spouse					

Check the Cover box for the Medical Plan.



NOTES

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

Dependent Selection

Please check the box for each dependent you wish to cover for each Plan. You may cover different dependents in each Plan.

Medical : Cigna High Deductible Health Plan (HDHP) + Express Scripts Employee + Spouse

Dependent	Relationship	Social Security Number	Eligible	Cover
John Doe	Spouse	111-11-1111	Yes	<input checked="" type="checkbox"/>

Dental : Delta Dental Employee + Spouse

Dependent	Relationship	Social Security Number	Eligible	Cover
John Doe	Spouse	111-11-1111	Yes	<input checked="" type="checkbox"/>

Vision : Davis Vision Employee + Spouse

Dependent	Relationship	Social Security Number	Eligible	Cover
John Doe	Spouse	111-11-1111	Yes	<input checked="" type="checkbox"/>

Accidental Injury : Accidental Injury Plan 1 Employee + Spouse

Dependent	Relationship	Social Security Number	Eligible	Cover
John Doe	Spouse	111-11-1111	Yes	<input checked="" type="checkbox"/>

Back Next

Select Next.

55. The Attachments page displays.

ORACLE LCPS Employee Self Service

Benefits Enrollment Current Benefits

Update Enrollments Cover Dependents Attachments Confirmation Statement

Attachments

Name Employee Test Program LCPS Active Benefits
Event Name LCPS Marriage Enrollment Period 06/11/2018 - 07/02/2018

Attach required documentation for your life event (birth certificate, marriage certificate, etc.) below. Click here for a list of required documents.

Click HERE to attach your documents.

You must supply the required documentation within the enrollment period listed above in order for your enrollment to be accepted and processed. Enrollments will be suspended until required documentation is received.

Person Enrollments

Details Plan and Option

- LCPS Active Benefits - Vision - Davis Vision - Employee + Spouse
- LCPS Active Benefits - Dental - Delta Dental - Employee + Spouse
- LCPS Active Benefits - Medical - Cigna High Deductible Health Plan (HDHP) + Express Scripts - Employee + Spouse

Attachments

Search

Note that the search is case insensitive

Go

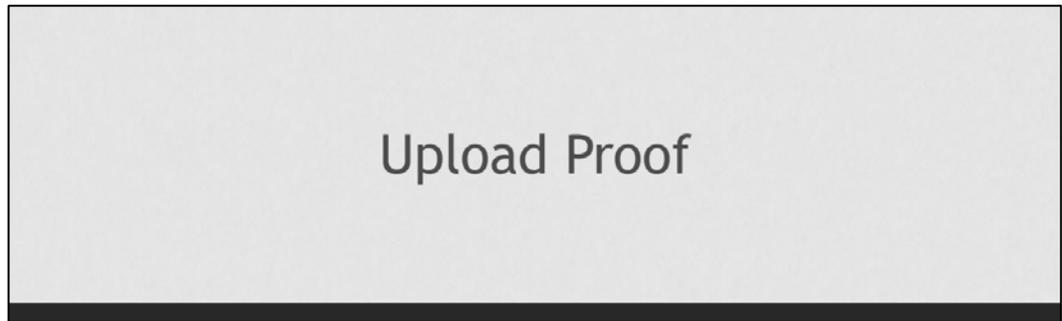
Show More Search Options

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update	Delete	Publish to Catalog
No results found.									

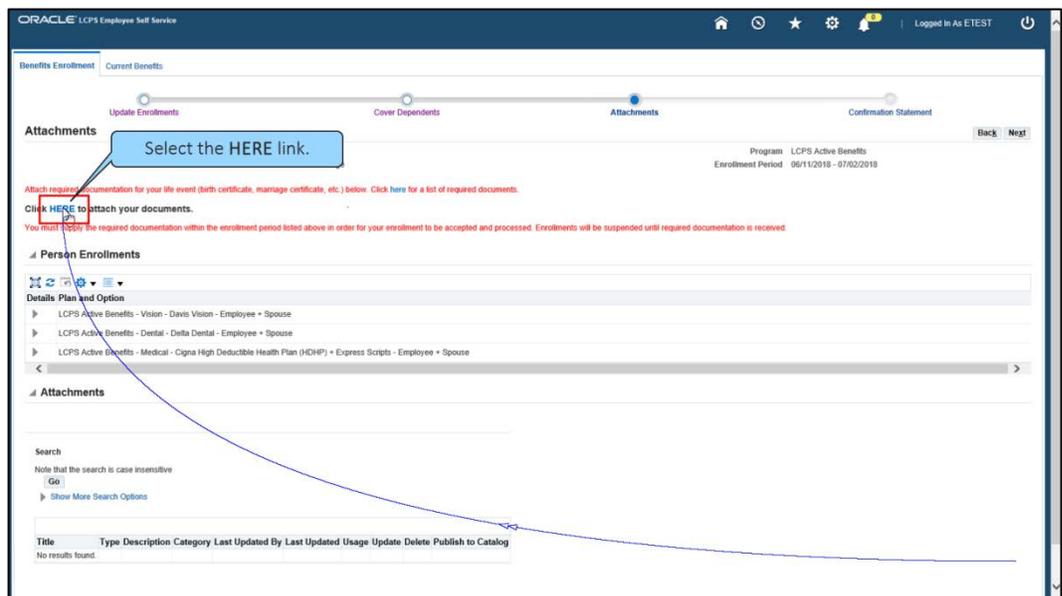


NOTES

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



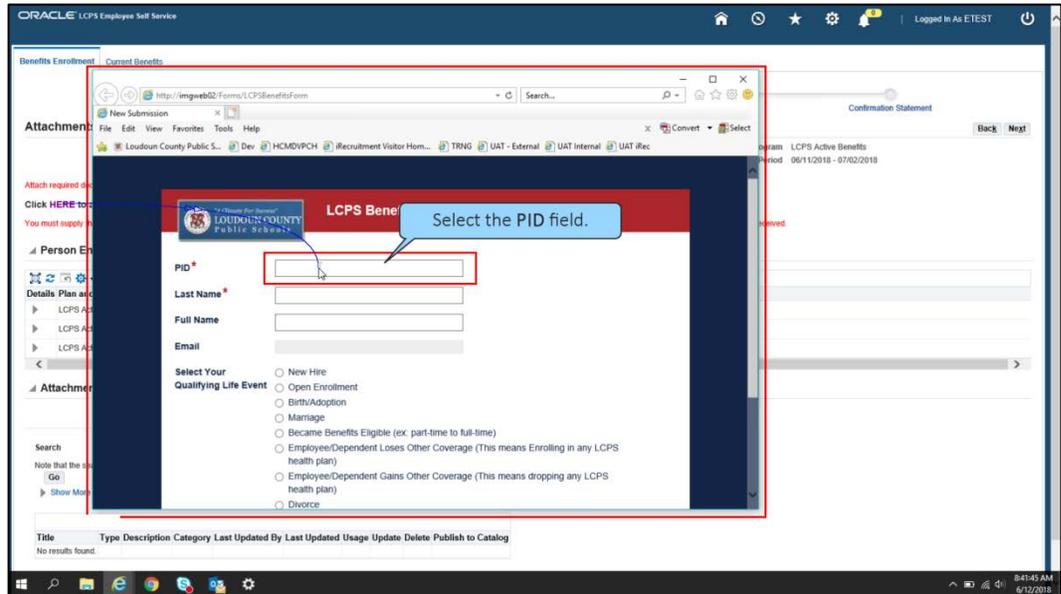
57. To show that your life event is eligible for benefits coverage, you must provide proof of the event. To attach your documentation select the **HERE** link from the Attachments page.



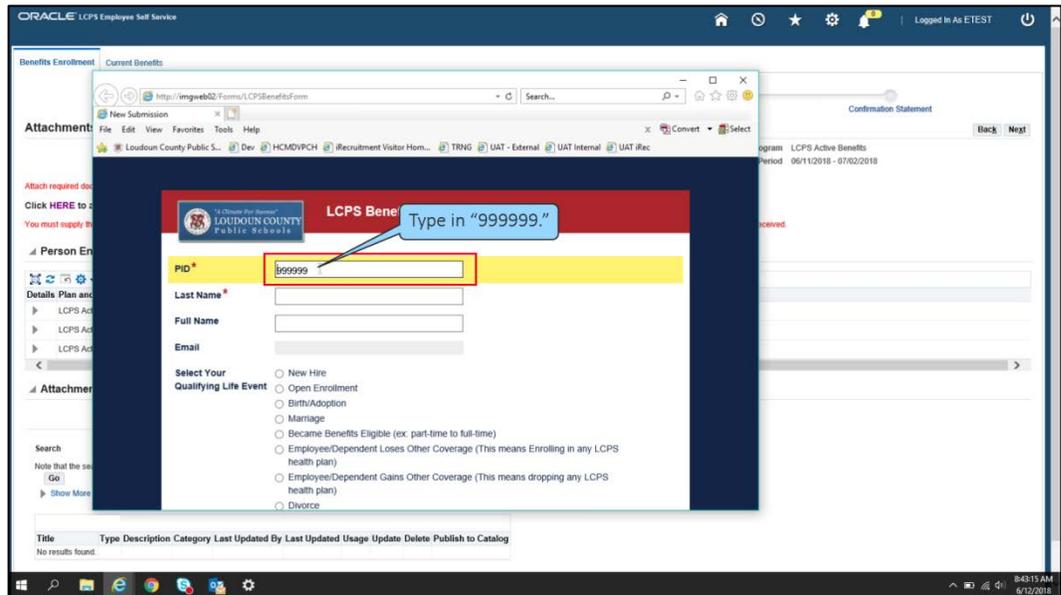


NOTES

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.



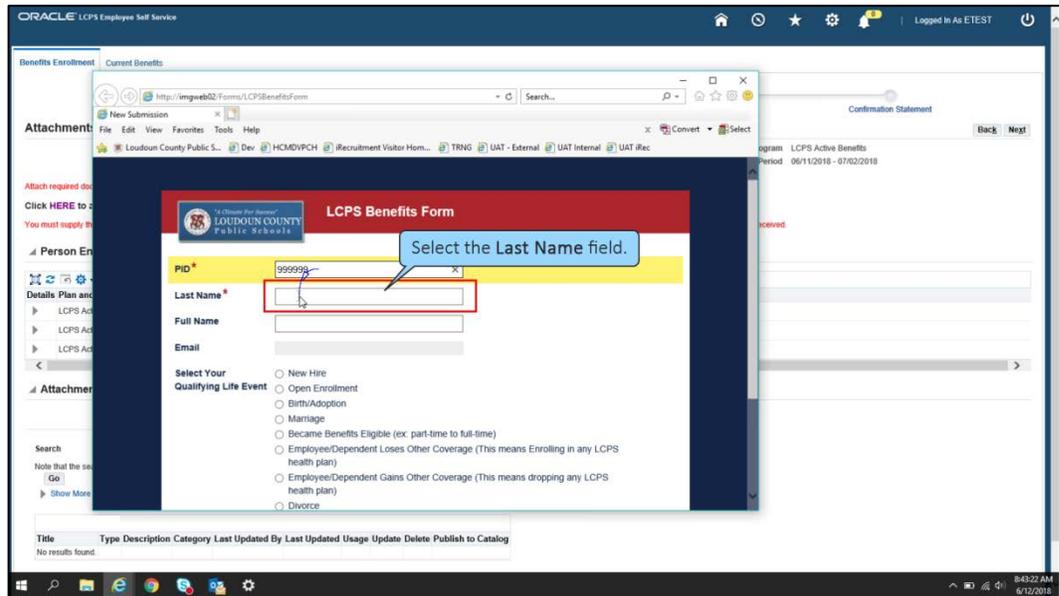
59. In that field type in "999999."



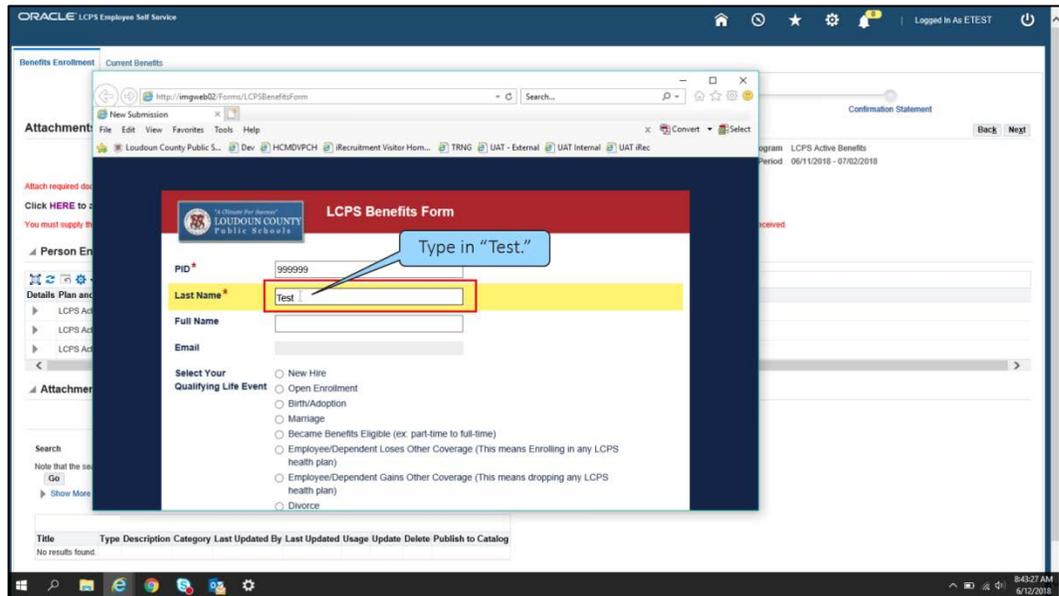


NOTES

60. Then select the **Last Name** field.



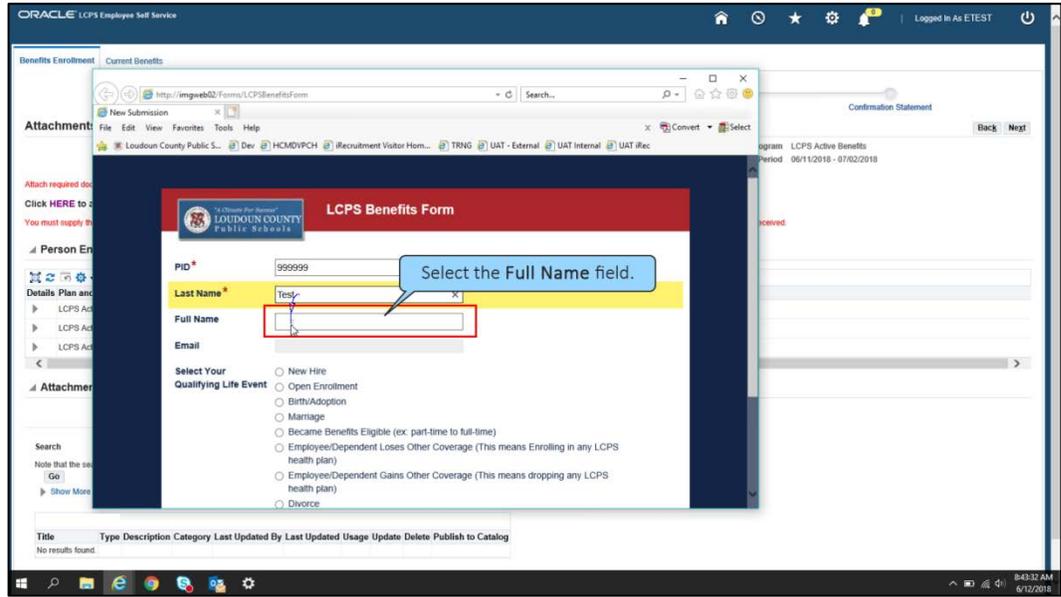
61. Type in the last name "Test."



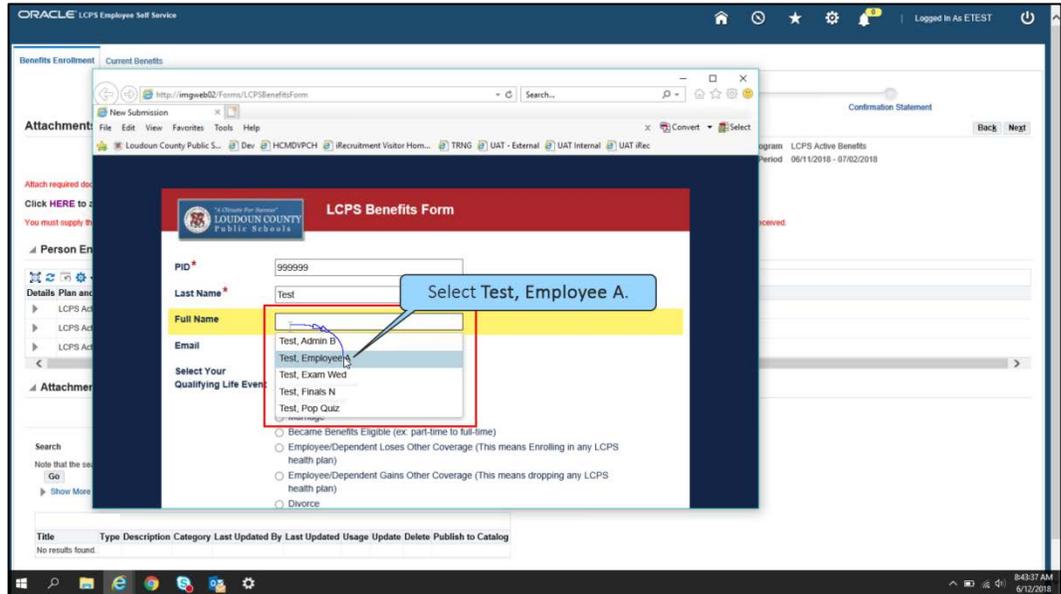


NOTES

62. Now select the **Full Name** field.



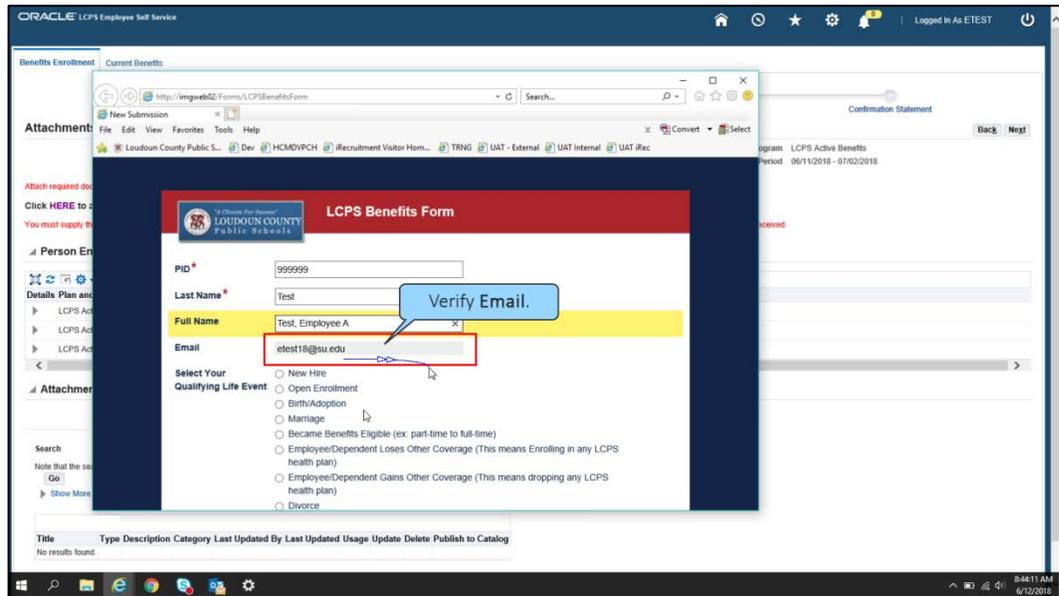
63. From the drop-menu list select **Test, Employee A.**



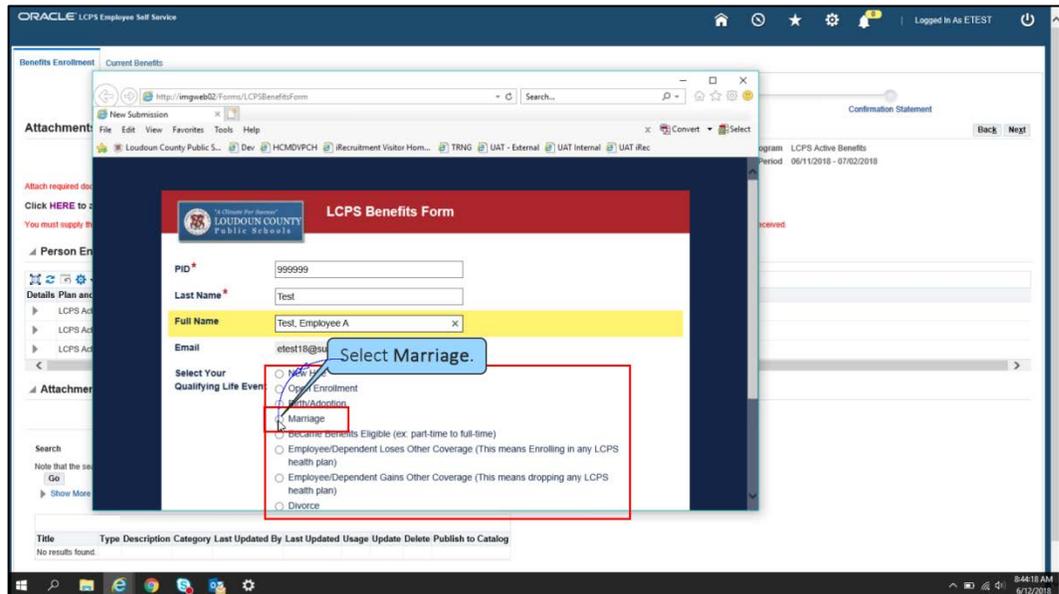


NOTES

64. Then verify that your **Email** address appears.



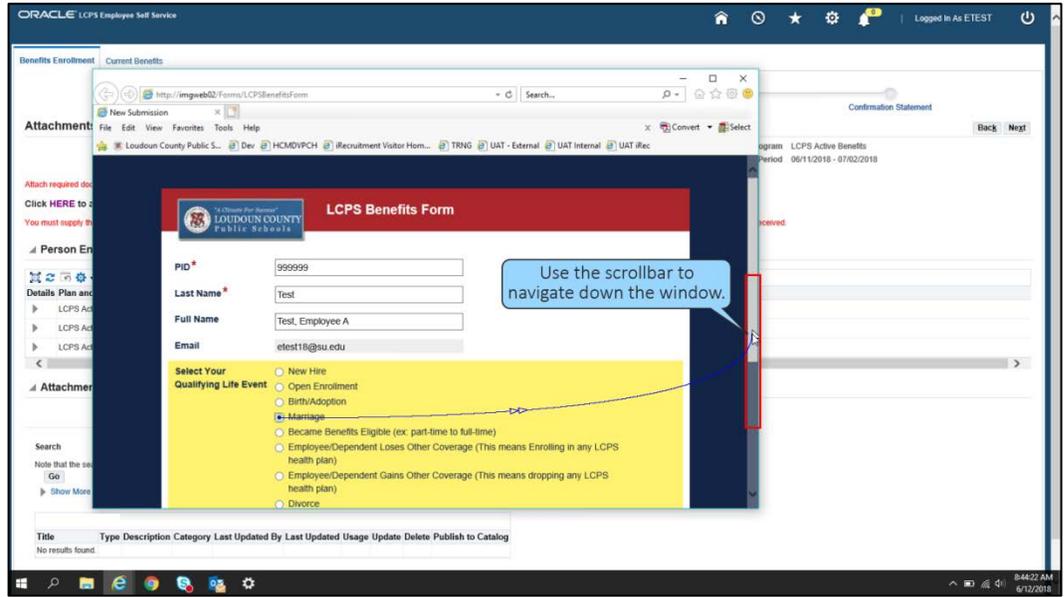
65. Now you must select your qualifying life event. For this example select **Marriage**.



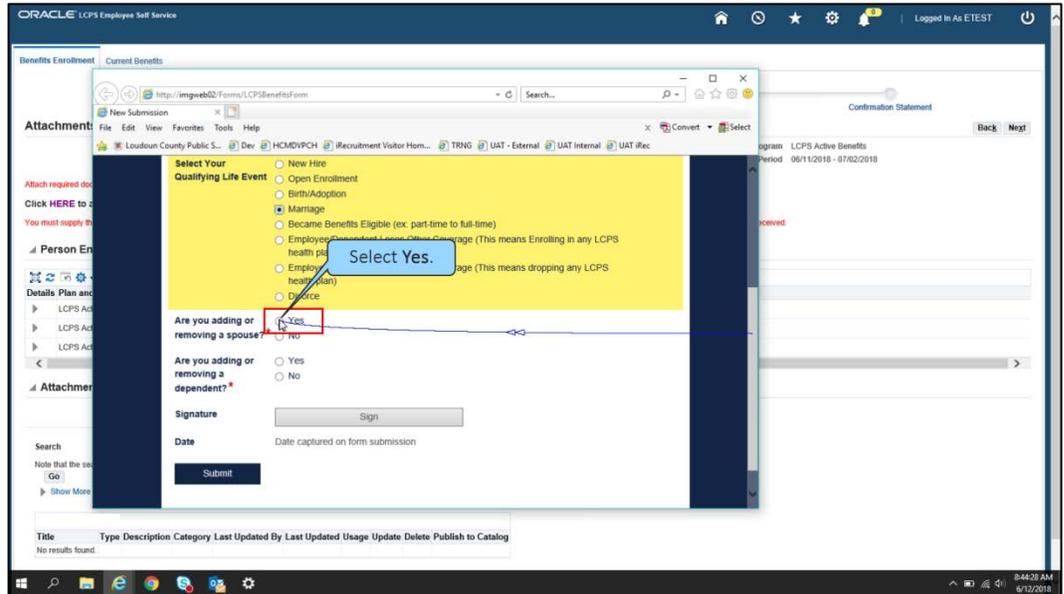


NOTES

66. Use the scrollbar to navigate down the window.



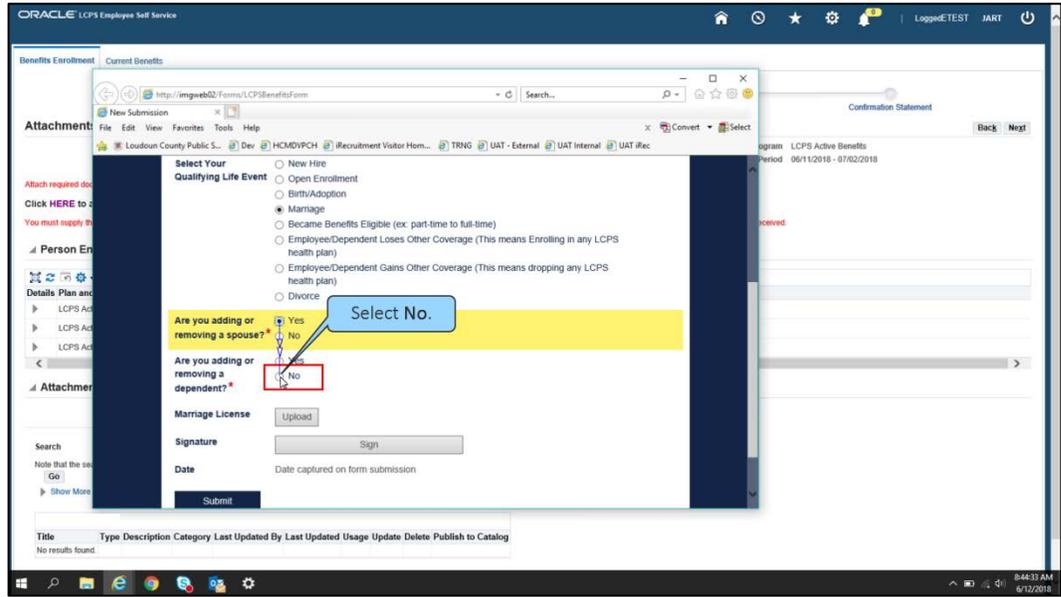
67. Select Yes to show that you are adding a spouse.



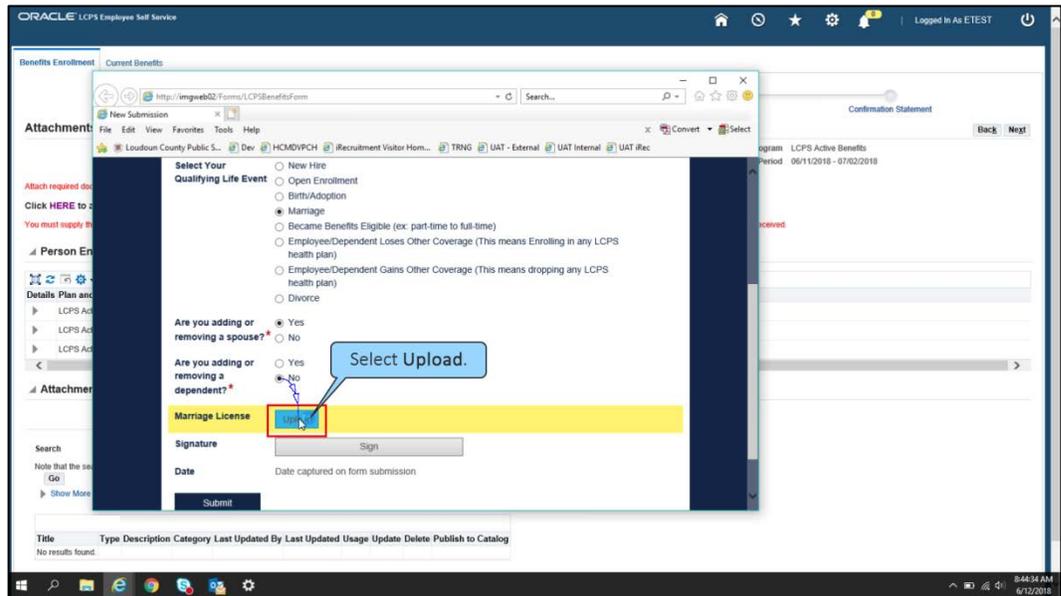


NOTES

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



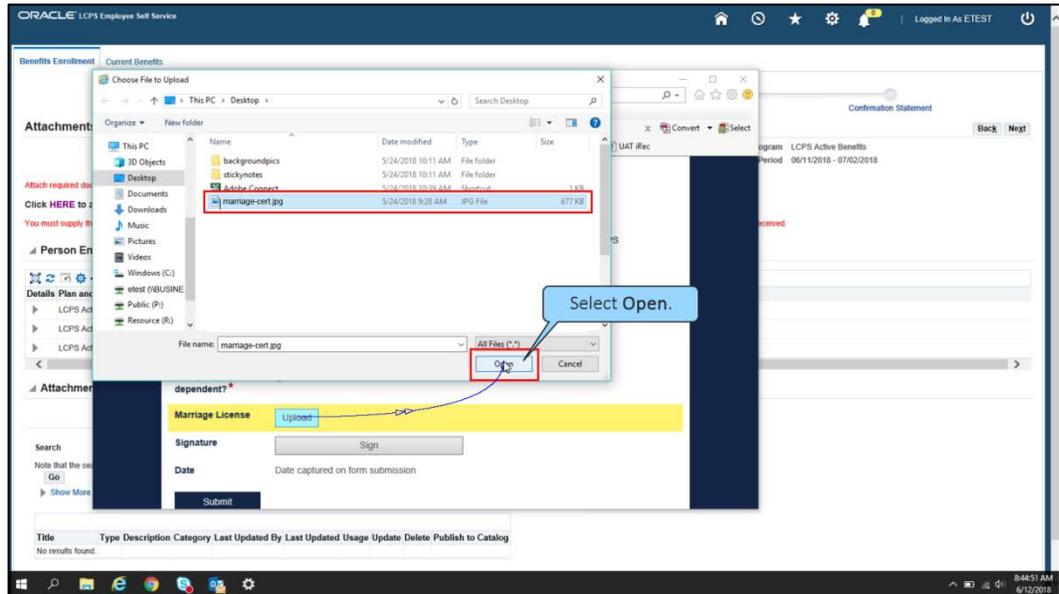
69. Select **Upload** to attach your proof document.



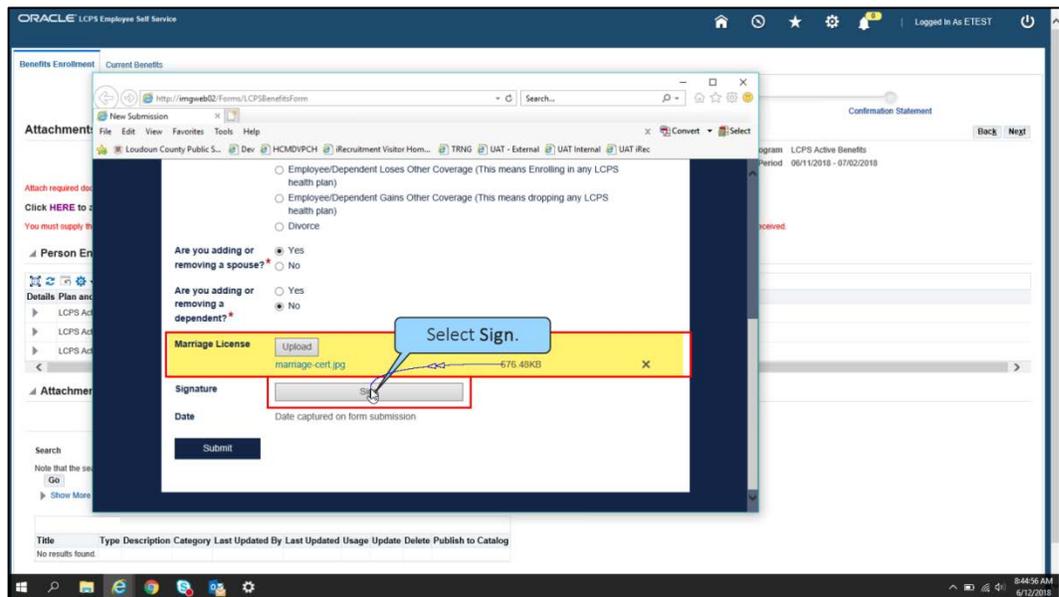


NOTES

70. The File Explorer pop-up window opens. Navigate to the appropriate file. Choose that file and select **Open**.



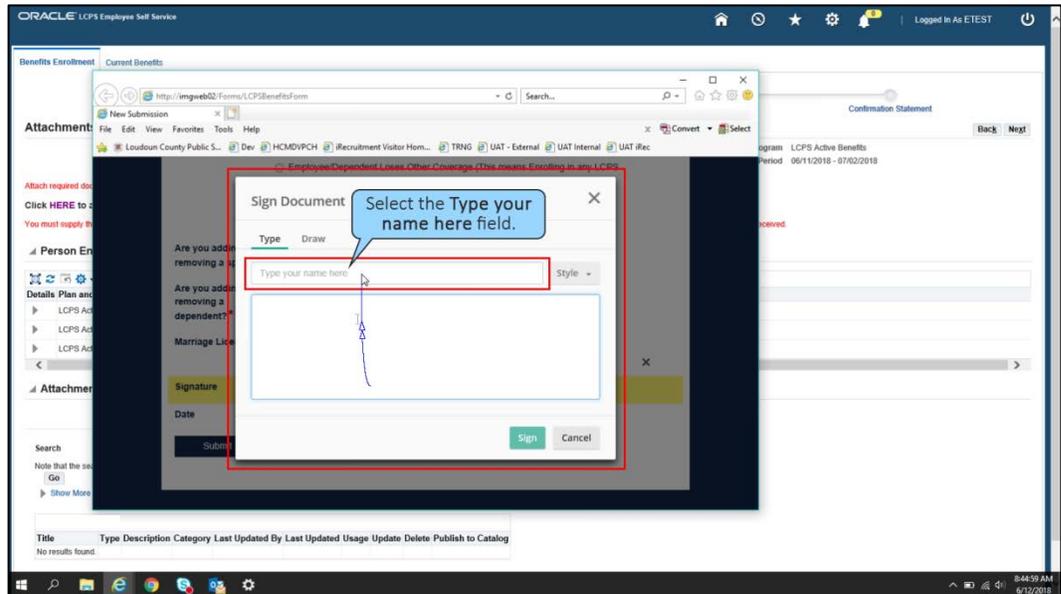
71. The file is now attached to the form. Next select the **Sign** button.



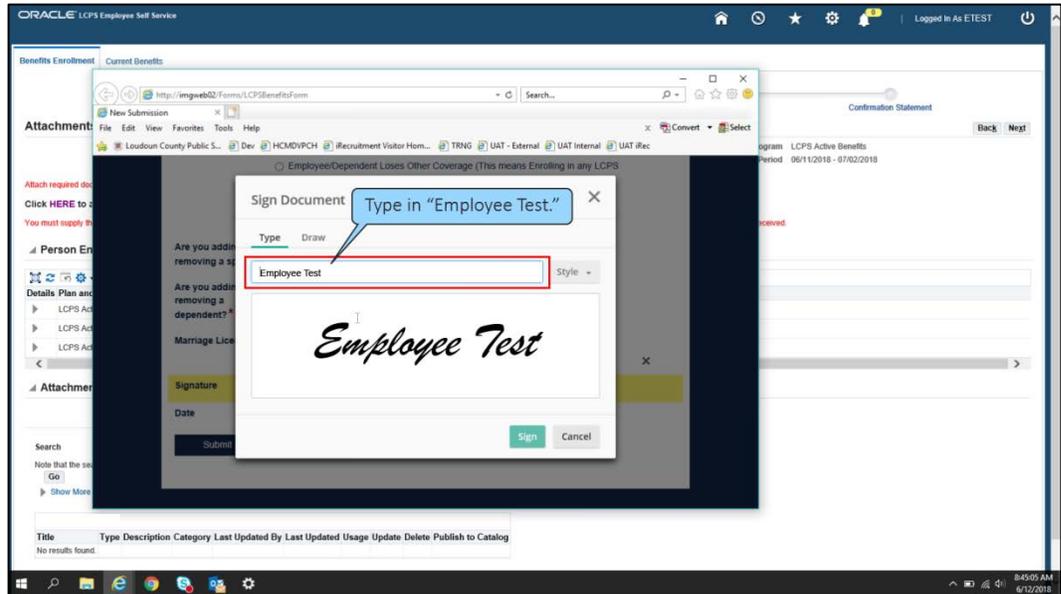


NOTES

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.



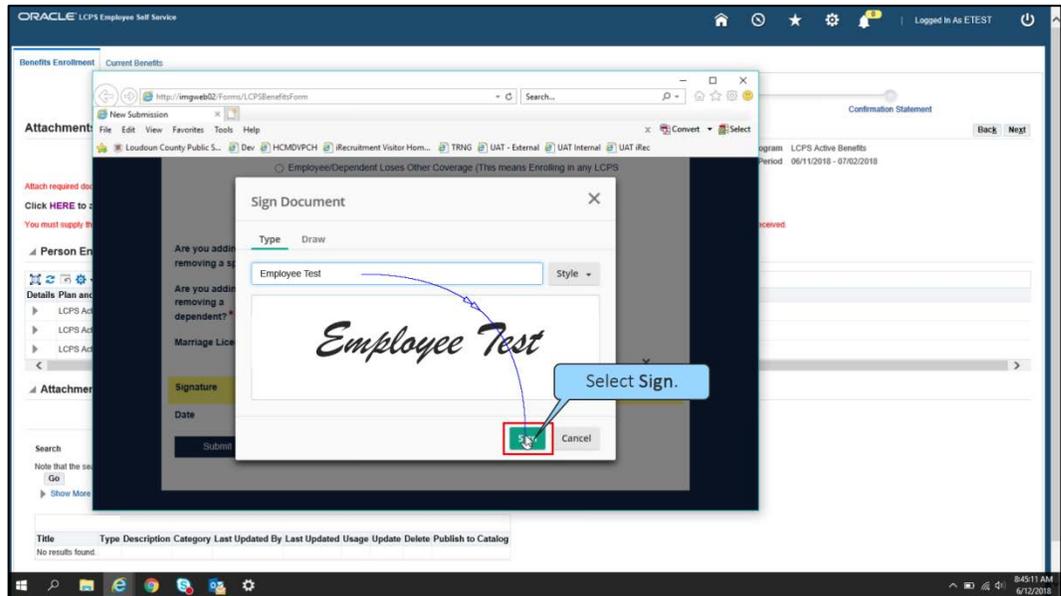
73. Type in your name, "Employee Test." The signature for your name appears in the box below the typed name.



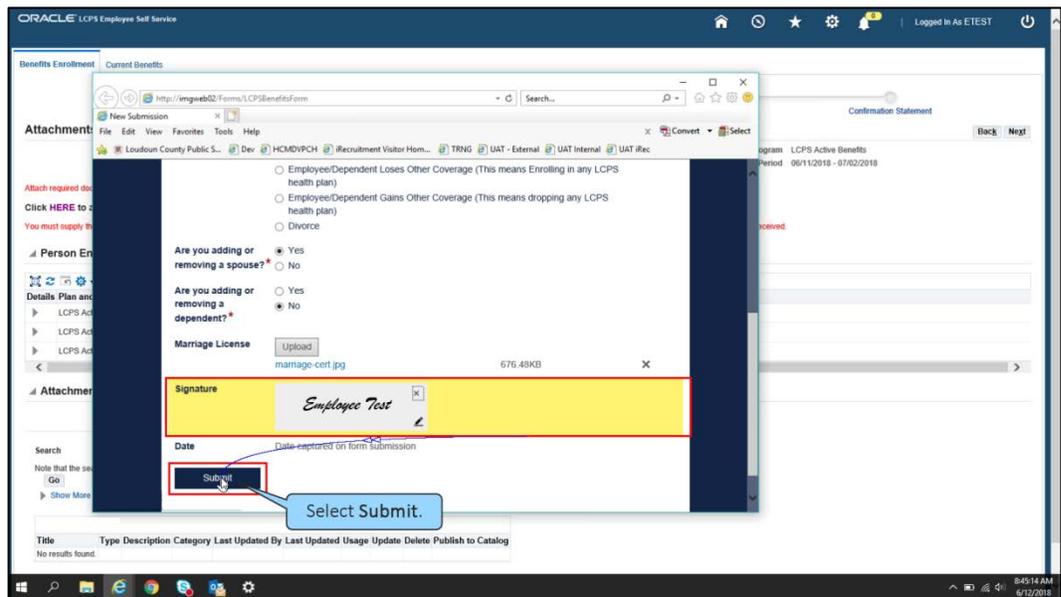


NOTES

74. Select the **Sign** button.



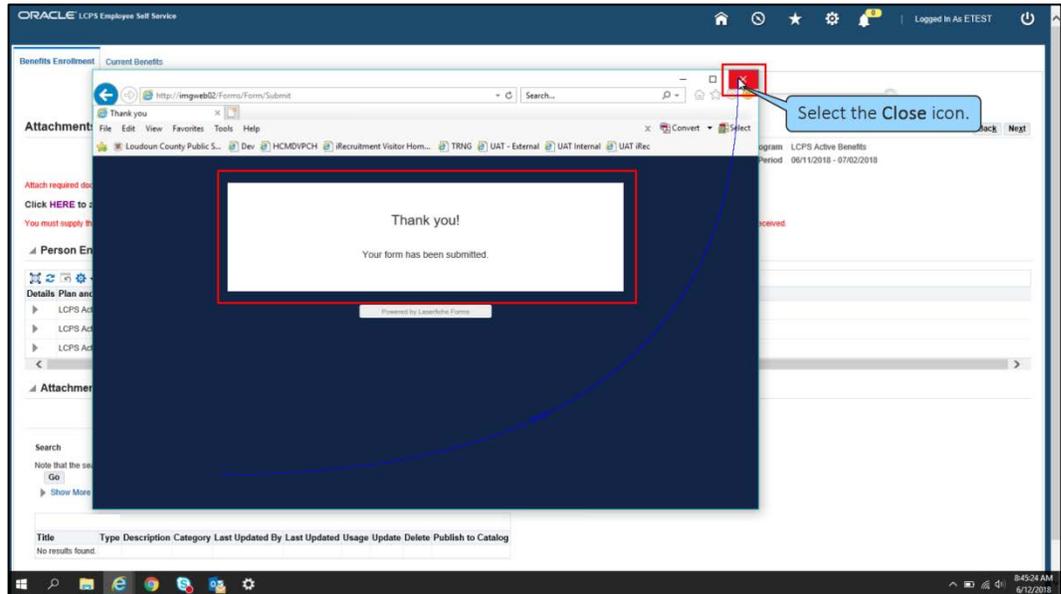
75. The employee's signature appears in the Signature field. Select **Submit** to submit this form.



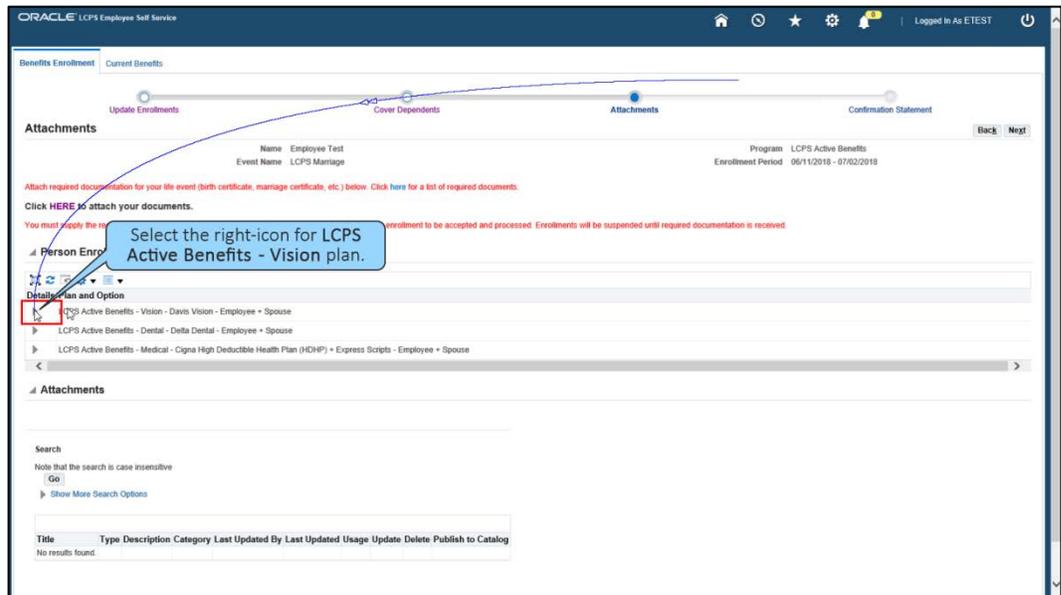


NOTES

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.





NOTES

78. Select the right-icon for **LCPS Active Benefits – Dental** plan to show details for that plan option.

The screenshot shows the Oracle LCPS Employee Self Service interface. The 'Person Enrollments' section is expanded, displaying a table with columns: Certification Type, Due Date, Received Date, and Required. A callout box with a blue background and white text says "Select the right-icon for LCPS Active Benefits - Dental plan." and points to a right-pointing arrow icon next to the row "LCPS Active Benefits - Dental - Delta Dental - Employee + Spouse".

Certification Type	Due Date	Received Date	Required
LCPS Active Benefits - Dental - Delta Dental - Employee + Spouse	07/02/2018		✓
LCPS Active Benefits - Medical - Cigna High Deductible Health Plan (HDHP) + Express Scripts - Employee + Spouse			

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

The screenshot shows the Oracle LCPS Employee Self Service interface. The 'Person Enrollments' section is expanded, displaying a table with columns: Certification Type, Due Date, Received Date, and Required. A callout box with a blue background and white text says "Select the right-icon for LCPS Active Benefits - Medical plan." and points to a right-pointing arrow icon next to the row "LCPS Active Benefits - Medical - Cigna High Deductible Health Plan (HDHP) + Express Scripts - Employee + Spouse".

Certification Type	Due Date	Received Date	Required
LCPS Active Benefits - Vision - Davis Vision - Employee + Spouse	07/02/2018		✓
LCPS Active Benefits - Medical - Cigna High Deductible Health Plan (HDHP) + Express Scripts - Employee + Spouse	07/02/2018		✓



NOTES

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

ORACLE LCPS Employee Self Service

Benefits Enrollment | Current Benefits

Update Enrollments | Cover Dependents | **Attachments** | Confirmation Statement

Attachments

Name: Employee Test | Program: LCPS Active Benefits
Event Name: LCPS Marriage | Enrollment Period: 06/11/2018 - 07/02/2018

Back **Next**

Attach required documentation for your life event (both certificate, marriage certificate, etc.) below. Click here for a list of required documents.

Click **HERE** to attach your documents.

You must supply the required documentation within the enrollment period listed above in order for your enrollment to be accepted and processed. Enrollments will be suspended until required documentation is received.

Person Enrollments

Details Plan and Option

Certification Type	Due Date	Received Date	Required
Supporting Documents	07/02/2018		Required
Supporting Documents	07/02/2018		Required
Supporting Documents	07/02/2018		Required

Attachments

Search

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.

ORACLE LCPS Employee Self Service

Benefits Enrollment | Current Benefits

Update Enrollments | Cover Dependents | Attachments | **Confirmation Statement**

Warning

- Your changes have been saved. However, there are additional action items to complete for the enrollments you selected. Any required action item suspends the election. Optional action items are requests for additional information. These include:
 - Cigna High Deductible Health Plan (HDHP) - Express Scripts - (Required) - Enrollment in this benefit requires that you provide proper certification before coverage can begin. Please contact your Human Resources Representative for more details.
 - Davis Vision - (Required) - Enrollment in this benefit requires that you provide proper certification before coverage can begin. Please contact your Human Resources Representative for more details.
 - Delta Dental - (Required) - Enrollment in this benefit requires that you provide proper certification before coverage can begin. Please contact your Human Resources Representative for more details.

Confirmation Statement

Name: Employee Test | Program: LCPS Active Benefits
Event Name: LCPS Marriage | Enrollment Period: 06/11/2018 - 07/02/2018

Back | Printable Page | Confirmation Statement | Finish

To make changes to your election(s) as shown below, return to the Overview Page and repeat the enrollment process. If you are finished, select "CONFIRMATION STATEMENT" to review and print the confirmation of your enrollment(s) for your records. If you do not print the Confirmation Statement, you may elect to print this page for your records. Select FINISH, complete the enrollment process, and then select LOGOUT when you are ready to leave the application.

TIP Click Confirmation Statement to get a PDF document of your enrollments. Click Finish to complete the enrollment process, then click the Logout link when you are ready to leave the application.

Benefit Selections

Plan	Option	Coverage Start Date	Coverage Employee	PreTax	Employee PostTax	Employer
Medical - Cigna High Deductible Health Plan (HDHP) - Express Scripts/Interim	Employee Only	07/01/2018		4.55	0.00	327.89
Medical - Cigna High Deductible Health Plan (HDHP) - Express Scripts/Suspended	Employee + Spouse	07/01/2018		64.48	0.00	600.00
Health Savings Account - Health Savings Account	Flat Amount	07/01/2018		2,000.00	0.00	0.00
Dental - Delta Dental/Interim	Employee 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
Vision - Davis Vision/Suspended	Employee + Spouse	07/01/2018		0.50	0.00	3.41
Vision - Waive Vision/Interim		07/01/2018		0.00	0.00	0.00
Health Care Spending Account - Limited Purpose FSA		06/01/2018		500.00	35.71	0.00
Dependent Care Flexible Spending Account - Waive Dependent Care FSA		06/01/2018		0.00	0.00	0.00
Critical Illness - Critical Illness Non-Smoker	Employee Only	06/01/2018		20,000.00	0.00	3.23
Accidental 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
Long Term Disability - Voluntary Long Term Disability	Tier 1 60% Base Salary	06/01/2018		3,036.92	0.00	5.18
Employee Paid Benefits - Short Term Disability		06/01/2018		0.00	0.00	0.63
Employee Paid Benefits - VLDP - Short Term Disability		06/01/2018		0.00	0.00	0.00



NOTES

82. Continue reviewing your Plan information. Then select **Confirmation Statement** to view this document.

Plan	Option	Coverage Start Date	Coverage	Employee PreTax	Employee PostTax	Employer
Medical - Cigna High Deductible Health Plan (HDHP) + Express Scripts/Interim	Employee Only	07/01/2018		4.55	0.00	327.69
Medical - Cigna High Deductible Health Plan (HDHP) + Express Scripts(Suspended)	Employee + Spouse	07/01/2018		64.48	0.00	600.00
Health Savings Account - Health Savings Account	Flat Amount	07/01/2018		2,000.00	0.00	0.00
Dental - Delta Dental(Interim)	Employee 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
Vision - Davis Vision(Suspended)	Employee + Spouse	07/01/2018		0.50	0.00	3.41
Vision - Waive Vision(Interim)		07/01/2018		0.00	0.00	0.00
Health 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 FSA		06/01/2018		0.00	0.00	0.00
Critical Illness - Critical Illness Non-Smoker	Employee Only	06/01/2018	20,000.00	0.00	3.23	0.00
Accidental 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
Long 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 - VLP - 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
			Total	2,045.88	11.90	444.18

Plan	Option	Coverage Start Date	Dependent	Relationship	Social Security Number
Medical - Cigna High Deductible Health Plan (HDHP) + Express Scripts	Employee + Spouse	07/01/2018	John Doe	Spouse	111-11-1111
Dental - Delta Dental	Employee + Spouse	07/01/2018	John Doe	Spouse	111-11-1111
Vision - Davis Vision	Employee + Spouse	07/01/2018	John Doe	Spouse	111-11-1111
Accidental Injury - Accidental Injury Plan 1	Employee + Spouse	07/01/2018	John Doe	Spouse	111-11-1111

Select Confirmation Statement.

Back | Printable Page | **Confirmation Statement** | Finish

83. You are asked if you want to Open or Save the confirmation statement as a PDF. Select **Open**.

Plan	Option	Coverage Start Date	Coverage	Employee PreTax	Employee PostTax	Employer
Medical - Cigna High Deductible Health Plan (HDHP) + Express Scripts/Interim	Employee Only	07/01/2018		4.55	0.00	327.69
Medical - Cigna High Deductible Health Plan (HDHP) + Express Scripts(Suspended)	Employee + Spouse	07/01/2018		64.48	0.00	600.00
Health Savings Account - Health Savings Account	Flat Amount	07/01/2018		2,000.00	0.00	0.00
Dental - Delta Dental(Interim)	Employee 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
Vision - Davis Vision(Suspended)	Employee + Spouse	07/01/2018		0.50	0.00	3.41
Vision - Waive Vision(Interim)		07/01/2018		0.00	0.00	0.00
Health 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 FSA		06/01/2018		0.00	0.00	0.00
Critical Illness - Critical Illness Non-Smoker	Employee Only	06/01/2018	20,000.00	0.00	3.23	0.00
Accidental 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
Long 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 - VLP - 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
			Total	2,045.88	11.90	444.18

Plan	Option	Coverage Start Date	Dependent	Relationship	Social Security Number
Medical - Cigna High Deductible Health Plan (HDHP) + Express Scripts	Employee + Spouse	07/01/2018	John Doe	Spouse	111-11-1111
Dental - Delta Dental	Employee + Spouse	07/01/2018	John Doe	Spouse	111-11-1111
Vision - Davis Vision	Employee + Spouse	07/01/2018	John Doe	Spouse	111-11-1111
Accidental Injury - Accidental Injury Plan 1	Employee + Spouse	07/01/2018	John Doe	Spouse	111-11-1111

Select Open.

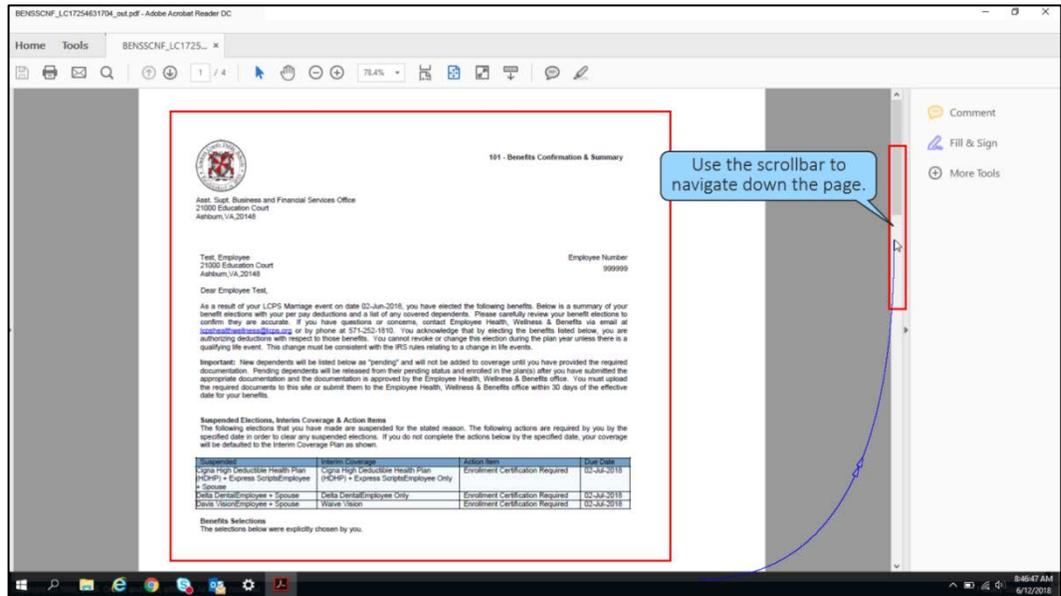
Back | Printable Page | Confirmation Statement | Finish

Do you want to open or save BENSSCNF_JC17254631704_out.pdf (57.4 KB) from ebattrget.erp.loudoun.gov? **Open** | Save | Cancel



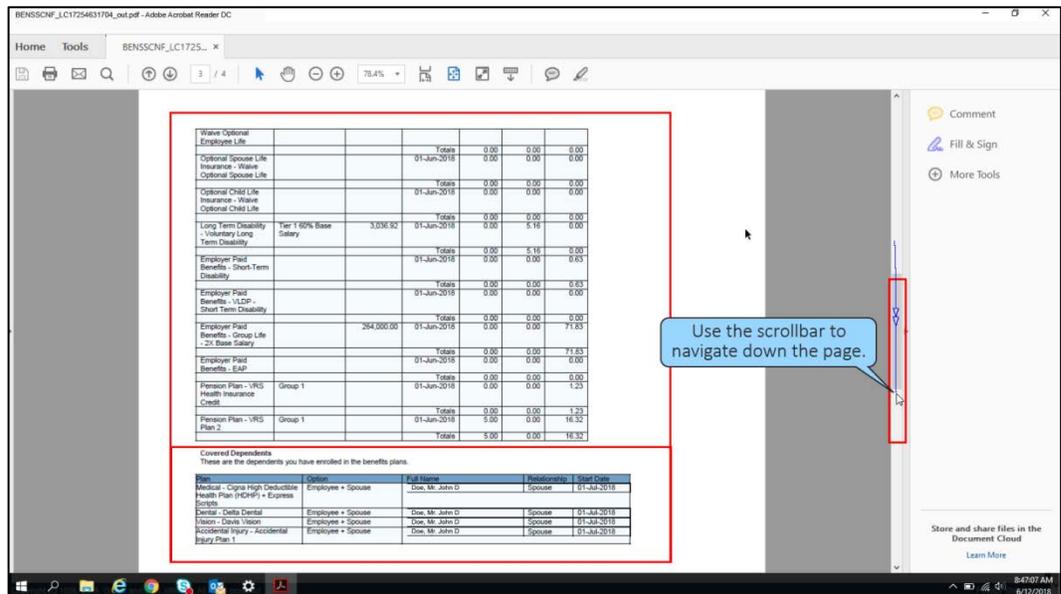
NOTES

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.

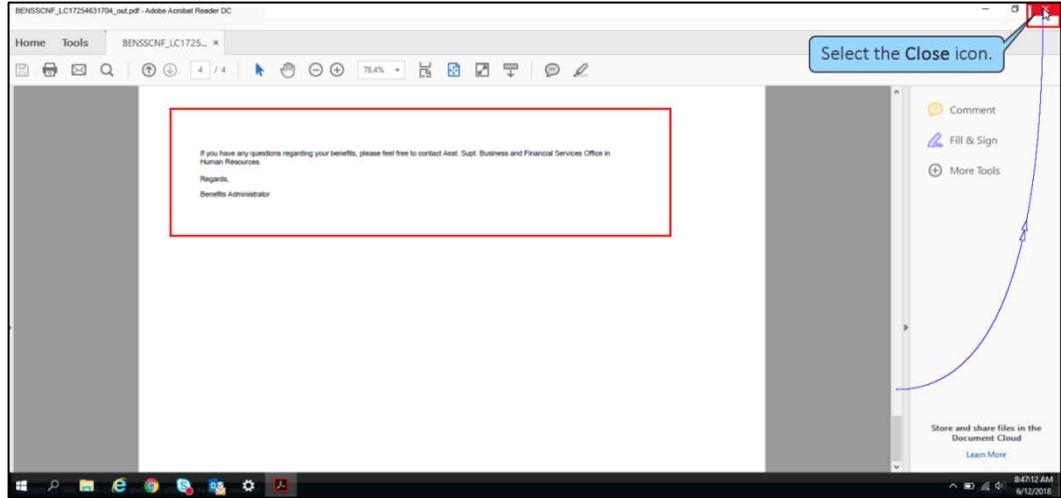
Use the scrollbar to navigate down the page.



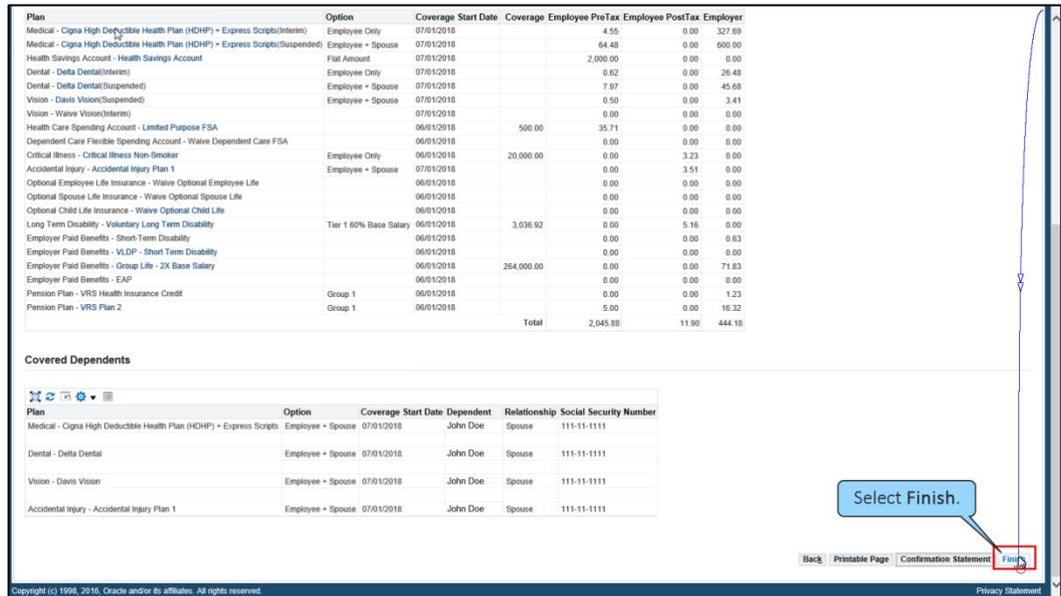


NOTES

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



87. If you are satisfied with all of your choices, select **Finish** to complete the enrollment of your dependent in Oracle Self-Service.





NOTES

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.

