

Online Open Enrollment

Tutorial Guide

Personnel Department
City of Seattle

Table of Contents

<u>Introduction</u>	<u>3</u>
<u>Accessing the benefits panels</u>	<u>3</u>
<u>Changing your medical benefit plan</u>	<u>8</u>
<u>Adding a dependent</u>	<u>12</u>
<u>Deleting a dependent and/or beneficiary</u>	<u>14</u>
<u>Enrolling a dependent in benefits</u>	<u>15</u>
<u>Unenrolling a dependent from benefits</u>	<u>18</u>
<u>Adding a beneficiary</u>	<u>21</u>
<u>Designating a beneficiary</u>	<u>24</u>
<u>Confirming your elections</u>	<u>29</u>
<u>Removing a beneficiary</u>	<u>30</u>

Introduction

Open enrollment can be done online! Beginning October 1, you will be able to make changes to your plans, enroll in the Flexible Spending Account programs, add or change life, disability and accident coverages for you and your family, and add dependents and beneficiaries.

All information will be accessed from Personnel's **Self Service** portal on the City's InWeb <http://selfservice/>. This tutorial will take you through the step-by-step process of adding or dropping dependents and/or beneficiaries.

Accessing the benefits panels

The screenshot shows the City of Seattle InWeb portal. The navigation bar includes links for InWeb Home, Directory, Help, PAN, Traffic, Weather, and Search. Below the navigation bar is a search box and a dropdown menu for City Services. The main content area is divided into three columns. The left column contains a Financial section with various links and an Employee section with a Self-Service & Time Entry link highlighted by a red box. The middle column is titled BROADCAST MESSAGES! and lists several messages from Mayor Nickels dated October 1, 2004, September 30, 2004, September 28, 2004, September 27, 2004, and September 21, 2004. The right column contains Hot Information with links for City Design, Print and Copy to Close Sept 21, UW Husky Football Discounted Tickets, Mayor's Office with a photo of Mayor Nickels, City Council with links for City Council Home, Council Calendar, and Legislative Search, Seattle Channel with links for Watch Now!, Today's Schedule, Top Issues, Video Archive, and Our Programs, and Technology with links for DoIT & Citywide Technology, Tech Support, Technology Security, and Groupwise EMail via the Web.

Navigate to the City's InWeb page and click on **Self Service and Time Entry** in the menu at the left under **Employee**.



Personnel Self Service Portal

Welcome to the Personnel Self Service Portal



[Opportunity for Advancement](#)

Find a job, add a resume, more...



[Employee Self Service](#)

View pay detail, benefits, more ...



[Timesheet Entry](#)

Record your time and labor ...



[Training & Development](#)

Search for classes, get training ...



[Personnel Policies & Rules](#)

Personnel rules and policies ...



[Employee Resources](#)

Resources for employees ...

Tell Us What You Think!

Let us know what you think of Personnel Self Service, or any other topic that's on your mind.

[Provide Feedback](#)

Holiday Schedule

Martin Luther King Jr Birthday	Jan 17
President's Day	Feb 21
Memorial Day	May 30
Independence Day	Jul 4
Labor Day	Sep 5
Veterans' Day	Nov 11
Thanksgiving Day	Nov 24
Day Following Thanksgiving Day	Nov 25
Christmas Day	Dec 26
New Year Day	Jan 2

More Employee Resources

- [Benefits Information](#)
- [Find Your HR Representative](#)
- [Labor Contracts](#)
- [Employee Handbook](#)
- [Salary Schedule](#)

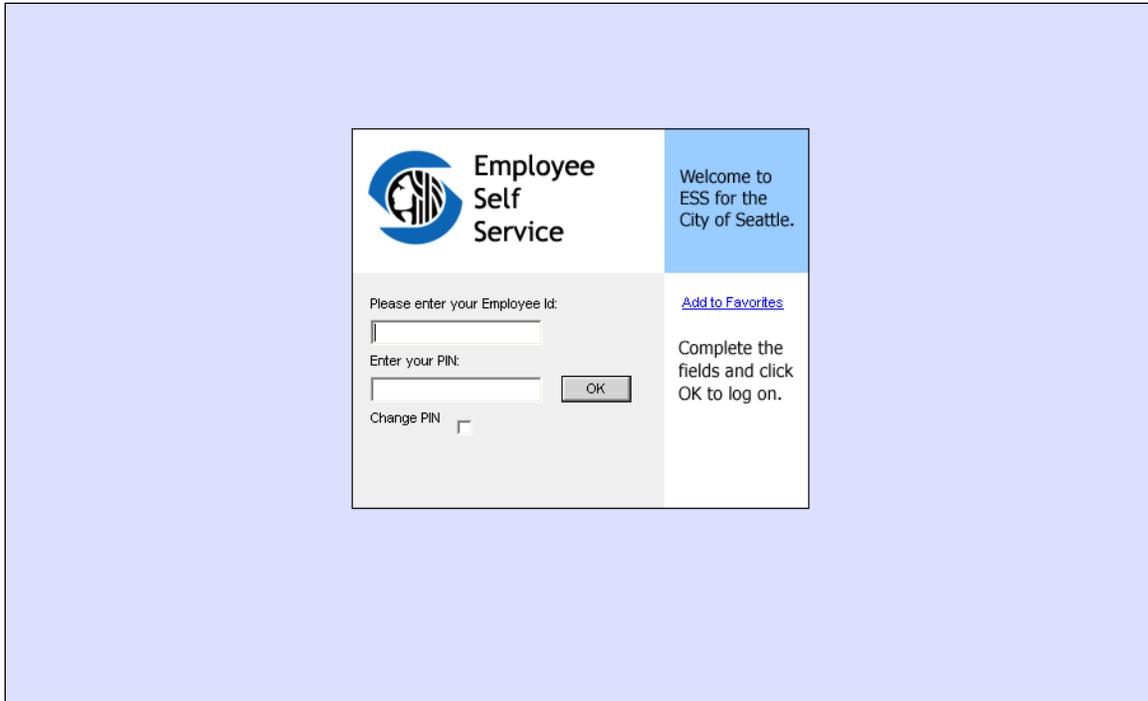
HR Manager Resources

- [HR Tools & Resources](#)
- [Employment Administration](#)
- [Employment Verification Service](#)
- [HR Reference Guide](#)
- [Temporary Employment](#)

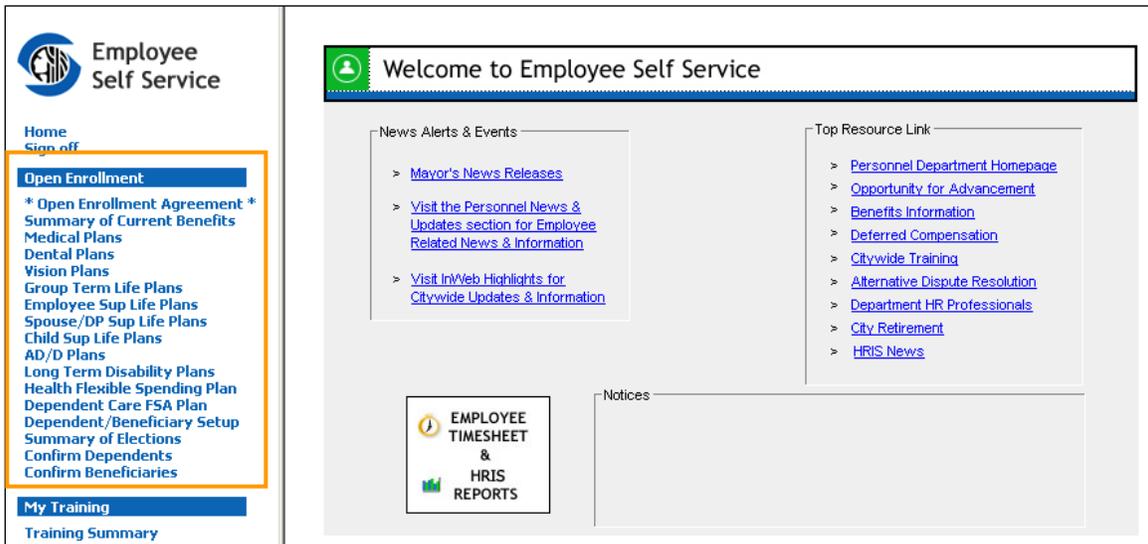
Links: [Self Service Home](#) | [Personnel Department](#)
©2005 City of Seattle—Personnel Department



This will take you to the **Personnel Self Service** page.



Log in to **Employee Self Service** (ESS). Type in your employee ID number and PIN. If you don't have one or have forgotten your PIN, call the Help Desk at 6-1212 to have it reset.



You will see a menu at the left. You will be accessing information found under the **Open Enrollment** heading.

Employee Self Service

Home
Sign off

Open Enrollment

- * **Open Enrollment Agreement**
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training
Training Summary

Open Enrollment Agreement

Mary Ann Jones 20012652 [Getting Started](#)

Welcome to Open Enrollment

Before proceeding with Open Enrollment on the web, please read the following Statement of Agreement. You must click the "I Agree" button below to make open enrollment changes via Employee Self Service. The "I Agree" button provides the City of Seattle with your electronic signature that you have authorized the changes made on the web.

Use the Open Enrollment menu on the left side of this page to change your benefit enrollment information.

I declare that the changes on the following panels are true and correct to the best of my knowledge. I understand that I may be subject to disciplinary action and/or repayment of any claims paid by my health plan or premiums paid by my employer if I have provided false, incomplete, or misleading information, or fail to update this information in accordance with eligibility guidelines. I further certify and understand the following:

Previously submitted enrollment/beneficiary information is superseded by changes indicated on these panels. Beneficiary designations made via Employee Self Service are effective the date the change is made in Employee Self Service.

I Agree

The first heading under **Open Enrollment** is the **Open Enrollment Agreement** page. Click to open this page first and read the information in the agreement.

Employee Self Service

Home
Sign off

Open Enrollment

- * **Open Enrollment Agreement**
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training
Training Summary

Open Enrollment Agreement

Mary Ann Jones 20012652 [Getting Started](#)

Welcome to Open Enrollment

Before proceeding with Open Enrollment on the web, please read the following Statement of Agreement. You must click the "I Agree" button below to make open enrollment changes via Employee Self Service. The "I Agree" button provides the City of Seattle with your electronic signature that you have authorized the changes made on the web.

Use the Open Enrollment menu on the left side of this page to change your benefit enrollment information.

I declare that the changes on the following panels are true and correct to the best of my knowledge. I understand that I may be subject to disciplinary action and/or repayment of any claims paid by my health plan or premiums paid by my employer if I have provided false, incomplete, or misleading information, or fail to update this information in accordance with eligibility guidelines. I further certify and understand the following:

Previously submitted enrollment/beneficiary information is superseded by changes indicated on these panels. Beneficiary designations made via Employee Self Service are effective the date the change is made in Employee Self Service.

I Agree

Microsoft Internet Explorer

Thank you.
Please select from the Open Enrollment menu to view or change your benefit information.

OK

You must click the **I Agree** button at the bottom of this page in order to continue with open enrollment. If you do not click the **I Agree** button, you cannot access any other open enrollment pages.

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

Open Enrollment Agreement

Mary Ann Jones 20012652 [Getting Started](#)

Welcome to Open Enrollment

Before proceeding with Open Enrollment on the web, please read the following Statement of Agreement. You must click the "I Agree" button below to make open enrollment changes via Employee Self Service. The "I Agree" button provides the City of Seattle with your electronic signature that you have authorized the changes made on the web.

Use the Open Enrollment menu on the left side of this page to change your benefit enrollment information.

I declare that the changes on the following panels are true and correct to the best of my knowledge. I understand that I may be subject to disciplinary action and/or repayment of any claims paid by my health plan or premiums paid by my employer if I have provided false, incomplete, or misleading information, or fail to update this information in accordance with eligibility guidelines. I further certify and understand the following:

Previously submitted enrollment/beneficiary information is superseded by changes indicated on these panels. Beneficiary designations made via Employee Self Service are effective the date the change is made in Employee Self Service.

I Agree

Once you have accepted the **Open Enrollment Agreement** page, you may select any menu item under the **Open Enrollment** heading. Most pages use drop-down menus and are self-explanatory.

Changing your medical benefit plan

Most benefit pages are self-explanatory and follow a similar process for making changes. The following example shows how to change medical benefits, which is similar to changing dental and vision benefits.

The screenshot shows the 'Open Enrollment Agreement' page for Mary Ann Jones (ID: 20012652). The left sidebar contains a navigation menu with 'Medical Plans' highlighted. The main content area includes a 'Welcome to Open Enrollment' message, a 'Statement of Agreement' text, and an 'I Agree' button.

In the main menu at the left, click on **Medical Plans**.

The screenshot shows the 'Medical Plans' page for Mary Ann Jones (ID: 20012652). The left sidebar shows 'Medical Plans' selected in the navigation menu. The main content area displays 'You are currently enrolled in:' with details for Group Health Deductible and Coverage. It includes three steps: 'Step 1 - Select an action:' (dropdown menu), 'Step 2 - Select a Medical Plan:' (searchable input field), and 'Step 3 - Save your changes.' Below the steps are 'Clear', 'Save', and 'Dependents' buttons.

This will take you to the **Medical Plans** page.

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training
Training Summary

Medical Plans

Mary Ann Jones 20012652 [Help](#)
[Medical Plan Info](#)
[Premium Rates](#)

You are currently enrolled in:
Group Health Deductible Coverage: Emp/Spouse/DomPartner/Children Your Cost: \$51.92/month

Step 1 - Select an action:

Step 2 - Select a Medical Plan:

Step 3 - Save your changes. Click "Dependents" to confirm your dependent's coverage.

To review/change your dependents information without changing your coverage click "Dependents" button

Select an action by clicking the drop down arrow for **Step 1**.

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training
Training Summary

Medical Plans

Mary Ann Jones 20012652 [Help](#)
[Medical Plan Info](#)
[Premium Rates](#)

You are currently enrolled in:
Group Health Deductible Coverage: Emp/Spouse/DomPartner/Children Your Cost: \$51.92/month

Step 1 - Select an action:

Step 2 - Select a Medical Plan:

Step 3 - Save your changes. Click "Dependents" to confirm your dependent's coverage.

To review/change your dependents information without changing your coverage click "Dependents" button

Select **Change Current Coverage** from the drop down list.

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

Medical Plans

Mary Ann Jones 20012652 [Help](#)
[Medical Plan Info](#)
[Premium Rates](#)

You are currently enrolled in:
Group Health Deductible Coverage: Emp/Spouse/DomPartner/Children Your Cost: \$51.92/month

Step 1 - Select an action:

Step 2 - Select a Medical Plan: 

Step 3 - Save your changes. Click "Dependents" to confirm your dependent's coverage.

To review/change your dependents information without changing your coverage click "Dependents" button

Select a medical plan by clicking the magnifying glass icon for **Step 2**.

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

Medical Plans

Highlight the desired list item, then click OK to select

- Ben Plan
- City of Seattle Preventive Plan**
- City of Seattle Traditional Plan
- Group Health Deductible Plan
- Group Health Standard Plan
- Waive Medical Coverage

Done Local intranet

A new screen with available benefit plans will appear. Select a benefit plan and click the **OK** button.

 **Employee Self Service**

[Home](#)
[Sign off](#)

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

[Training Summary](#)

Medical Plans

Mary Ann Jones 20012652 [Help](#)
[Medical Plan Info](#)
[Premium Rates](#)

You are currently enrolled in:
Group Health Deductible Coverage: Emp/Spouse/DomPartner/Children Your Cost: \$51.92/month

Step 1 - Select an action:

Step 2 - Select a Medical Plan: 

Step 3 - Save your changes. Click "Dependents" to confirm your dependent's coverage.

To review/change your dependents information without changing your coverage click "Dependents" button

Save your changes by clicking the **Save** button.

Adding a dependent

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents**
- Confirm Beneficiaries

My Training

Training Summary

Open Enrollment Agreement

Mary Ann Jones 20012652 [Getting Started](#)

Welcome to Open Enrollment

Before proceeding with Open Enrollment on the web, please read the following Statement of Agreement. You must click the "I Agree" button below to make open enrollment changes via Employee Self Service. The "I Agree" button provides the City of Seattle with your electronic signature that you have authorized the changes made on the web.

Use the Open Enrollment menu on the left side of this page to change your benefit enrollment information.

I declare that the changes on the following panels are true and correct to the best of my knowledge. I understand that I may be subject to disciplinary action and/or repayment of any claims paid by my health plan or premiums paid by my employer if I have provided false, incomplete, or misleading information, or fail to update this information in accordance with eligibility guidelines. I further certify and understand the following:

Previously submitted enrollment/beneficiary information is superseded by changes indicated on these panels. Beneficiary designations made via Employee Self Service are effective the date the change is made in Employee Self Service.

I Agree

In the main menu at the left, click on **Confirm Dependents**.

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents**
- Confirm Beneficiaries

My Training

Training Summary

Open Enrollment Summary - Confirm Dependents

Mary Ann Jones 20012652 [Help](#)

Summary of 2006 Dependents Coverage

The following shows your dependents for each health plan in which you are enrolled. If you do not see your dependent listed, or to make changes, click the "Dependent/Beneficiary Setup" button below.

Medical Plan	Name	Relationship	Birthdate	Student	Gender
	Jones, Tyler A	Son	04/09/1984	N	M
	Jones, Karen A	Daughter	01/20/1987	N	F

Dental Plan	Name	Relationship	Birthdate	Student	Gender
	Jones, Robert F	Spouse	08/16/1941	N	M
	Jones, Tyler A	Son	04/09/1984	N	M
	Jones, Karen A	Daughter	01/20/1987	N	F

Vision Plan	Name	Relationship	Birthdate	Student	Gender
	Jones, Robert F	Spouse	08/16/1941	N	M
	Jones, Tyler A	Son	04/09/1984	N	M
	Jones, Karen A	Daughter	01/20/1987	N	F

Enroll/Remove Dependent/Beneficiary

This will take you to the **Summary of 2010 Dependents Coverage** page. Click the button at the bottom titled **Enroll/Remove Dependent/Beneficiary**.

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

Set Up Your Dependents & Beneficiaries

Mary Ann Jones 20012652 [Help](#)

Listed below are your dependents and beneficiaries

Step 1 - Verify that "Type" is correct. To change this or other dependent/beneficiary information, click the "Edit" button.
 Step 2 - Click "Enroll/Unenroll Dependent" button to enroll/unenroll them in Medical, Dental, and Vision health plans.
 Step 3 - Click "Designate/Remove Beneficiary" button to designate/remove them from Life and AD&D insurance plans.

Type	Name	Relationship	Birth Date	SSN	Sex	Full-Time Student	Status	Edit
Dep & Benef	Jones,Robert Frank	Spouse	08/16/1941	000-00-0000	M	N	Active	
Dep & Benef	Jones,Tyler Anthony	Son	04/09/1984	000-00-0000	M	N	Active	
Dep & Benef	Jones,Karen Allison	Daughter	01/20/1987	000-00-0000	F	N	Active	

Add Dependent/Beneficiary **Enroll/Unenroll Dependent** **Designate/Remove Beneficiary**

This will take you to the **Set Up Your Dependents & Beneficiaries** page. Click the button at the bottom titled **Add Dependent/Beneficiary**.

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

Dependents/Beneficiaries - Personal Information

Mary Ann Jones 20012652 [Help](#)

Dependent/Beneficiary Name: Jones, Abby L (Format: Last Name,First Name) Type: Dep & Benef

Status: Active

Social Security #: 000000000 (Format: 999999999) Relationship: Other

Birth Date: 05/25/2004 Gender: Not Spec

Date of Death: Marital Status: Single

FT Student
 Disabled
 IRS Dependent

Click if Same Address/Phone as Employee

Address 1: 123 Pine Street
 Address 2:
 City: Seattle State: WA Zip: 98153 Country: USA

Phone Numbers:
 Home: 206/531-2458
 Work: (Format: 999/999-9999)

Save **Back**

Fill in all information as requested. The drop down menus are located in boxes with an arrow. Save your changes by clicking the **Save** button.

Deleting a dependent and/or beneficiary



Employee Self Service

[Home](#)
[Sign off](#)

Open Enrollment

- [* Open Enrollment Agreement *](#)
- [Summary of Current Benefits](#)
- [Medical Plans](#)
- [Dental Plans](#)
- [Vision Plans](#)
- [Group Term Life Plans](#)
- [Employee Sup Life Plans](#)
- [Spouse/DP Sup Life Plans](#)
- [Child Sup Life Plans](#)
- [AD/D Plans](#)
- [Long Term Disability Plans](#)
- [Health Flexible Spending Plan](#)
- [Dependent Care FSA Plan](#)
- [Dependent/Beneficiary Setup](#)
- [Summary of Elections](#)
- [Confirm Dependents](#)
- [Confirm Beneficiaries](#)

My Training

[Training Summary](#)

Set Up Your Dependents & Beneficiaries

Mary Ann Jones 20012652 [Help](#)

Listed below are your dependents and beneficiaries

Step 1 - Verify that "Type" is correct. To change this or other dependent/beneficiary information, click the "Edit" button.
Step 2 - Click "Enroll/Unenroll Dependent" button to enroll/unenroll them in Medical, Dental, and Vision health plans.
Step 3 - Click "Designate/Remove Beneficiary" button to designate/remove them from Life and AD&D insurance plans.

Type	Name	Relationship	Birth Date	SSN	Sex	Full-Time Student	Status	Edit
Dep & Benef	Jones,Robert Frank	Spouse	08/16/1941	000-00-0000	M	N	Active	<input type="button" value="Edit"/>
Dep & Benef	Jones,Tyler Anthony	Son	04/09/1984	000-00-0000	M	N	Active	<input type="button" value="Edit"/>
Dep & Benef	Jones,Karen Allison	Daughter	01/20/1987	000-00-0000	F	N	Active	<input type="button" value="Edit"/>
Dep & Benef	Jones,Abby Laura	Daughter	02/14/2005	000-00-0000	F	N	Active	<input type="button" value="Edit"/>

Dependents/beneficiaries cannot be deleted from the system. You can unenroll them and remove them as designated beneficiaries, but they should remain on your list of dependents and/or beneficiaries. Unenrolling dependents and beneficiaries are covered later in the tutorial.

Enrolling a dependent in benefits

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents**
- Confirm Beneficiaries

My Training
Training Summary

Open Enrollment Agreement

Mary Ann Jones 20012652 [Getting Started](#)

Welcome to Open Enrollment

Before proceeding with Open Enrollment on the web, please read the following Statement of Agreement. You must click the "I Agree" button below to make open enrollment changes via Employee Self Service. The "I Agree" button provides the City of Seattle with your electronic signature that you have authorized the changes made on the web.

Use the Open Enrollment menu on the left side of this page to change your benefit enrollment information.

I declare that the changes on the following panels are true and correct to the best of my knowledge. I understand that I may be subject to disciplinary action and/or repayment of any claims paid by my health plan or premiums paid by my employer if I have provided false, incomplete, or misleading information, or fail to update this information in accordance with eligibility guidelines. I further certify and understand the following:

Previously submitted enrollment/beneficiary information is superseded by changes indicated on these panels. Beneficiary designations made via Employee Self Service are effective the date the change is made in Employee Self Service.

I Agree

In the main menu at the left, click on **Confirm Dependents**.

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents**
- Confirm Beneficiaries

My Training
Training Summary

Open Enrollment Summary - Confirm Dependents

Mary Ann Jones 20012652 [Help](#)

Summary of 2006 Dependents Coverage

The following shows your dependents for each health plan in which you are enrolled. If you do not see your dependent listed, or to make changes, click the "Dependent/Beneficiary Setup" button below.

Medical Plan	Name	Relationship	Birthdate	Student	Gender
	Jones, Tyler A	Son	04/09/1984	N	M
	Jones, Karen A	Daughter	01/20/1987	N	F

Dental Plan	Name	Relationship	Birthdate	Student	Gender
	Jones, Robert F	Spouse	08/16/1941	N	M
	Jones, Tyler A	Son	04/09/1984	N	M
	Jones, Karen A	Daughter	01/20/1987	N	F

Vision Plan	Name	Relationship	Birthdate	Student	Gender
	Jones, Robert F	Spouse	08/16/1941	N	M
	Jones, Tyler A	Son	04/09/1984	N	M
	Jones, Karen A	Daughter	01/20/1987	N	F

Enroll/Remove Dependent/Beneficiary

This will take you to the **Summary of 2010 Dependents Coverage** page. Click the button at the bottom titled **Enroll/Remove Dependent/Beneficiary**.



Employee Self Service

[Home](#)
[Sign off](#)

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary



Set Up Your Dependents & Beneficiaries

Mary Ann Jones 20012652 [Help](#)

Listed below are your dependents and beneficiaries

Step 1 - Verify that "Type" is correct. To change this or other dependent/beneficiary information, click the "Edit" button.
 Step 2 - Click "Enroll/Unenroll Dependent" button to enroll/unenroll them in Medical, Dental, and Vision health plans.
 Step 3 - Click "Designate/Remove Beneficiary" button to designate/remove them from Life and AD&D insurance plans.

Type	Name	Relationship	Birth Date	SSN	Sex	Full-Time Student	Status	Edit
Dep & Benef	Jones,Robert Frank	Spouse	08/16/1941	000-00-0000	M	N	Active	<input type="checkbox"/>
Dep & Benef	Jones,Tyler Anthony	Son	04/09/1984	000-00-0000	M	N	Active	<input type="checkbox"/>
Dep & Benef	Jones,Karen Allison	Daughter	01/20/1987	000-00-0000	F	N	Active	<input type="checkbox"/>
Dep & Benef	Jones,Abby Laura	Daughter	02/14/2005	000-00-0000	F	N	Active	<input type="checkbox"/>

This will take you to the **Set Up Your Dependents & Beneficiaries** page. Click the button at the bottom titled **Enroll/Unenroll Dependent**.



Employee Self Service

[Home](#)
[Sign off](#)

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of 2005 Benefits
- Confirm Dependents
- Confirm Beneficiaries



Enroll Dependents Into Health Plans

Mary Ann Jones 20012652 [Help](#)

Use this page to enroll/unenroll your dependents in your health plans

Click the button next to Y/N to change its value.
 "Y" indicates the dependent is covered by the particular health plan
 "N" indicates the dependent is not covered.

Name	Birth Date	Medical	Dental	Vision
Jones, Robert F	08/16/1941	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Jones, Tyler A	04/09/1984	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Jones, Karen A	01/20/1987	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Jones, Abby L	05/25/2004	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N

A list of your dependents will appear. Click the box to make a **Y** appear for each coverage in which you want to enroll the dependent, i.e. medical, dental and vision. Repeat for each dependent until all are enrolled.



Employee Self Service

[Home](#)
[Sign off](#)

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of 2005 Benefits
- Confirm Dependents
- Confirm Beneficiaries

 **Enroll Dependents Into Health Plans**

Mary Ann Jones 20012652 [Help](#)

Use this page to enroll/unenroll your dependents in your health plans

Click the button next to Y/N to change its value.

"Y" indicates the dependent is covered by the particular health plan
"N" indicates the dependent is not covered.

Name	Birth Date	Medical	Dental	Vision
Jones, Robert F	08/16/1941	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Jones, Tyler A	04/09/1984	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Jones, Karen A	01/20/1987	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Jones, Abby L	05/25/2004	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N

Cancel
Save
Back

Save your changes by clicking the **Save** button.

Unenrolling a dependent from benefits

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents**
- Confirm Beneficiaries

My Training
Training Summary

Open Enrollment Agreement

Mary Ann Jones 20012652 [Getting Started](#)

Welcome to Open Enrollment

Before proceeding with Open Enrollment on the web, please read the following Statement of Agreement. You must click the "I Agree" button below to make open enrollment changes via Employee Self Service. The "I Agree" button provides the City of Seattle with your electronic signature that you have authorized the changes made on the web.

Use the Open Enrollment menu on the left side of this page to change your benefit enrollment information.

I declare that the changes on the following panels are true and correct to the best of my knowledge. I understand that I may be subject to disciplinary action and/or repayment of any claims paid by my health plan or premiums paid by my employer if I have provided false, incomplete, or misleading information, or fail to update this information in accordance with eligibility guidelines. I further certify and understand the following:

Previously submitted enrollment/beneficiary information is superseded by changes indicated on these panels. Beneficiary designations made via Employee Self Service are effective the date the change is made in Employee Self Service.

I Agree

In the main menu at the left, click on **Confirm Dependents**.

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents**
- Confirm Beneficiaries

My Training
Training Summary

Open Enrollment Summary - Confirm Dependents

Mary Ann Jones 20012652 [Help](#)

Summary of 2006 Dependents Coverage

The following shows your dependents for each health plan in which you are enrolled. If you do not see your dependent listed, or to make changes, click the "Dependent/Beneficiary Setup" button below.

Medical Plan	Name	Relationship	Birthdate	Student	Gender
	Jones, Tyler A	Son	04/09/1984	N	M
	Jones, Karen A	Daughter	01/20/1987	N	F

Dental Plan	Name	Relationship	Birthdate	Student	Gender
	Jones, Robert F	Spouse	08/16/1941	N	M
	Jones, Tyler A	Son	04/09/1984	N	M
	Jones, Karen A	Daughter	01/20/1987	N	F

Vision Plan	Name	Relationship	Birthdate	Student	Gender
	Jones, Robert F	Spouse	08/16/1941	N	M
	Jones, Tyler A	Son	04/09/1984	N	M
	Jones, Karen A	Daughter	01/20/1987	N	F

Enroll/Remove Dependent/Beneficiary

This will take you to the **Summary of 2010 Dependents Coverage** page. Click the button at the bottom titled **Enroll/Remove Dependent/Beneficiary**.



Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

 **Set Up Your Dependents & Beneficiaries** [Help](#)

Mary Ann Jones 20012652

Listed below are your dependents and beneficiaries

Step 1 - Verify that "Type" is correct. To change this or other dependent/beneficiary information, click the "Edit" button.
 Step 2 - Click "Enroll/Unenroll Dependent" button to enroll/unenroll them in Medical, Dental, and Vision health plans.
 Step 3 - Click "Designate/Remove Beneficiary" button to designate/remove them from Life and AD&D insurance plans.

Type	Name	Relationship	Birth Date	SSN	Sex	Full-Time Student	Status	Edit
Dep & Benef	Jones,Robert Frank	Spouse	08/16/1941	000-00-0000	M	N	Active	<input type="button" value="Edit"/>
Dep & Benef	Jones,Tyler Anthony	Son	04/09/1984	000-00-0000	M	N	Active	<input type="button" value="Edit"/>
Dep & Benef	Jones,Karen Allison	Daughter	01/20/1987	000-00-0000	F	N	Active	<input type="button" value="Edit"/>
Dep & Benef	Jones,Abby Laura	Daughter	02/14/2005	000-00-0000	F	N	Active	<input type="button" value="Edit"/>

This will take you to the **Set Up Your Dependents & Beneficiaries** page. Click the button at the bottom titled **Enroll/Unenroll Dependent**.



Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of 2005 Benefits
- Confirm Dependents
- Confirm Beneficiaries

 **Enroll Dependents Into Health Plans** [Help](#)

Mary Ann Jones 20012652

Use this page to enroll/unenroll your dependents in your health plans

Click the button next to Y/N to change its value.
 "Y" indicates the dependent is covered by the particular health plan
 "N" indicates the dependent is not covered.

Name	Birth Date	Medical	Dental	Vision
Jones, Robert F	08/16/1941	<input type="button" value="N"/>	<input type="button" value="Y"/>	<input style="border: 2px solid orange;" type="button" value="N"/>
Jones, Tyler A	04/09/1984	<input type="button" value="Y"/>	<input type="button" value="Y"/>	<input type="button" value="Y"/>
Jones, Karen A	01/20/1987	<input type="button" value="Y"/>	<input type="button" value="Y"/>	<input type="button" value="Y"/>
Jones, Abby L	05/25/2004	<input type="button" value="Y"/>	<input type="button" value="N"/>	<input type="button" value="N"/>

A list of your dependents will appear. Click the box to make an **N** appear for each coverage in which you want to unenroll the dependent, i.e. medical, dental and vision. Repeat for each dependent until all are unenrolled.



Employee Self Service

[Home](#)
[Sign off](#)

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of 2005 Benefits
- Confirm Dependents
- Confirm Beneficiaries

 **Enroll Dependents Into Health Plans**

Mary Ann Jones 20012652 [Help](#)

Use this page to enroll/unenroll your dependents in your health plans

Click the button next to Y/N to change its value.

"Y" indicates the dependent is covered by the particular health plan
"N" indicates the dependent is not covered.

Name	Birth Date	Medical	Dental	Vision
Jones, Robert F	08/16/1941	<input type="checkbox"/> N	<input type="checkbox"/> Y	<input type="checkbox"/> N
Jones, Tyler A	04/09/1984	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Jones, Karen A	01/20/1987	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y
Jones, Abby L	05/25/2004	<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N

Save your changes by clicking the **Save** button.

Adding a beneficiary

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Beneficiaries**
- Confirm Dependents

My Training

Training Summary

Open Enrollment Agreement

Mary Ann Jones 20012652 [Getting Started](#)

Welcome to Open Enrollment

Before proceeding with Open Enrollment on the web, please read the following Statement of Agreement. You must click the "I Agree" button below to make open enrollment changes via Employee Self Service. The "I Agree" button provides the City of Seattle with your electronic signature that you have authorized the changes made on the web.

Use the Open Enrollment menu on the left side of this page to change your benefit enrollment information.

I declare that the changes on the following panels are true and correct to the best of my knowledge. I understand that I may be subject to disciplinary action and/or repayment of any claims paid by my health plan or premiums paid by my employer if I have provided false, incomplete, or misleading information, or fail to update this information in accordance with eligibility guidelines. I further certify and understand the following:

Previously submitted enrollment/beneficiary information is superseded by changes indicated on these panels. Beneficiary designations made via Employee Self Service are effective the date the change is made in Employee Self Service.

I Agree

In the main menu at the left, click **Confirm Beneficiaries**.

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries**

My Training

Training Summary

Open Enrollment Summary - Confirm Beneficiaries

Mary Ann Jones 20012652 [Help](#)

Summary of Your Beneficiary Designations

The following shows your beneficiaries for each insurance plan in which you are enrolled. If you do not see your beneficiary listed, or to make changes, click the "Dependent/Beneficiary Setup" button below.

Group Term Life Plan	Name	Relationship	Primary/Contingent	Percent
Group Term Life Plan	Jones, Robert F	Spouse	Primary	40
	Jones, Tyler A	Son	Primary	30
	Jones, Karen A	Daughter	Primary	30
Employee Supplemental Life Plan	Jones, Robert F	Spouse	Primary	50
	Jones, Tyler A	Son	Primary	50
Accidental Death & Dismemberment Plan	Jones, Robert F	Spouse	Primary	50
	Jones, Tyler A	Son	Primary	30
	Jones, Karen A	Daughter	Primary	20

Enroll/Remove Dependent/Beneficiary

This will take you to the **Summary of Your Beneficiary Designations** page. Click the button at the bottom titled **Enroll/Remove Dependent/Beneficiary**.



Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

Set Up Your Dependents & Beneficiaries

Mary Ann Jones 20012652 [Help](#)

Listed below are your dependents and beneficiaries

Step 1 - Verify that "Type" is correct. To change this or other dependent/beneficiary information, click the "Edit" button.
 Step 2 - Click "Enroll/Unenroll Dependent" button to enroll/unenroll them in Medical, Dental, and Vision health plans.
 Step 3 - Click "Designate/Remove Beneficiary" button to designate/remove them from Life and AD&D insurance plans.

Type	Name	Relationship	Birth Date	SSN	Sex	Full-Time Student	Status	Edit
Dep & Benef	Jones,Robert Frank	Spouse	08/16/1941	000-00-0000	M	N	Active	
Dep & Benef	Jones,Tyler Anthony	Son	04/09/1984	000-00-0000	M	N	Active	
Dep & Benef	Jones,Karen Allison	Daughter	01/20/1987	000-00-0000	F	N	Active	
Dep & Benef	Jones,Abby Laura	Daughter	02/14/2005	000-00-0000	F	N	Active	

Add Dependent/Beneficiary
Enroll/Unenroll Dependent
Designate/Remove Beneficiary

This will take you to the **Set Up Your Dependents & Beneficiaries** page. Click the button at the bottom titled **Add Dependent/Beneficiary**.



Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

Dependents/Beneficiaries - Personal Information

Mary Ann Jones 20012652 [Help](#)

Dependent/Beneficiary Name: Type:

(Format: Last Name,First Name) Status: Active

Social Security #: (Format: 999999999) <input type="text" value="000000000"/>	Relationship: <input type="text" value="Other"/>	<input type="checkbox"/> FT Student
Birth Date: <input type="text" value="03/26/1958"/>	Gender: <input type="text" value="Not Spec"/>	<input type="checkbox"/> Disabled
Date of Death: <input type="text"/>	Marital Status: <input type="text" value="Single"/>	<input type="checkbox"/> IRS Dependent

Click if Same Address/Phone as Employee

Address 1: <input type="text" value="987 Sycamore Street"/>	Phone Numbers:	<input type="text" value="Home: 206/362-1363"/>
Address 2: <input type="text"/>	<input type="text" value="Work:"/>	<input type="text"/>
City: <input type="text" value="Seattle"/> State: <input type="text" value="WA"/> Zip: <input type="text" value="98263"/> Country: <input type="text" value="USA"/>	(Format: 999/999-9999)	

Save
Back

Fill in all information as requested. The drop down menus are located in boxes with an arrow.



Employee Self Service

[Home](#)
[Sign off](#)

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

[Training Summary](#)


Dependents/Beneficiaries - Personal Information
[Help](#)

Mary Ann Jones 20012652

Dependent/Beneficiary Name: Type: (Format: Last Name,First Name)

Status: Active

Social Security #: (Format: 999999999) <input type="text" value="000000000"/>	Relationship: <input type="text" value="Other"/>	<input type="checkbox"/> FT Student
Birth Date: <input type="text" value="03/26/1958"/>	Gender: <input type="text" value="Not Spec"/>	<input type="checkbox"/> Disabled
Date of Death: <input type="text"/>	Marital Status: <input type="text" value="Single"/>	<input type="checkbox"/> IRS Dependent

[Click if Same Address/Phone as Employee](#)

Address 1: <input type="text" value="987 Sycamore Street"/>	Phone Numbers: Home: <input type="text" value="206/362-1363"/>
Address 2: <input type="text"/>	Work: <input type="text"/>
City: <input type="text" value="Seattle"/> State: <input type="text" value="WA"/> Zip: <input type="text" value="98263"/> Country: <input type="text" value="USA"/>	(Format: 999/999-9999)

Save your changes by clicking the **Save** button.

Designating a beneficiary

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents**
- Confirm Beneficiaries**

My Training
Training Summary

Open Enrollment Agreement

Mary Ann Jones 20012652 [Getting Started](#)

Welcome to Open Enrollment

Before proceeding with Open Enrollment on the web, please read the following Statement of Agreement. You must click the "I Agree" button below to make open enrollment changes via Employee Self Service. The "I Agree" button provides the City of Seattle with your electronic signature that you have authorized the changes made on the web.

Use the Open Enrollment menu on the left side of this page to change your benefit enrollment information.

I declare that the changes on the following panels are true and correct to the best of my knowledge. I understand that I may be subject to disciplinary action and/or repayment of any claims paid by my health plan or premiums paid by my employer if I have provided false, incomplete, or misleading information, or fail to update this information in accordance with eligibility guidelines. I further certify and understand the following:

Previously submitted enrollment/beneficiary information is superseded by changes indicated on these panels. Beneficiary designations made via Employee Self Service are effective the date the change is made in Employee Self Service.

I Agree

In the main menu at the left, click on **Confirm Beneficiaries**.

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries**

My Training
Training Summary

Open Enrollment Summary - Confirm Beneficiaries

Mary Ann Jones 20012652 [Help](#)

Summary of Your Beneficiary Designations

The following shows your beneficiaries for each insurance plan in which you are enrolled. If you do not see your beneficiary listed, or to make changes, click the "Dependent/Beneficiary Setup" button below.

Group Term Life Plan	Name	Relationship	Primary/Contingent	Percent
Group Term Life Plan	Jones, Robert F	Spouse	Primary	40
	Jones, Tyler A	Son	Primary	30
	Jones, Karen A	Daughter	Primary	30
Employee Supplemental Life Plan	Jones, Robert F	Spouse	Primary	50
	Jones, Tyler A	Son	Primary	50
Accidental Death & Dismemberment Plan	Jones, Robert F	Spouse	Primary	50
	Jones, Tyler A	Son	Primary	30
	Jones, Karen A	Daughter	Primary	20

Enroll/Remove Dependent/Beneficiary

This will take you to the **Summary of Your Beneficiary Designations** page. Click the button at the bottom titled **Enroll/Remove Dependent/Beneficiary**.



Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

 **Set Up Your Dependents & Beneficiaries** [Help](#)

Mary Ann Jones 20012652

Listed below are your dependents and beneficiaries

Step 1 - Verify that "Type" is correct. To change this or other dependent/beneficiary information, click the "Edit" button.
 Step 2 - Click "Enroll/Unenroll Dependent" button to enroll/unenroll them in Medical, Dental, and Vision health plans.
 Step 3 - Click "Designate/Remove Beneficiary" button to designate/remove them from Life and AD&D insurance plans.

Type	Name	Relationship	Birth Date	SSN	Sex	Full-Time Student	Status	Edit
Dep & Benef	Jones, Robert Frank	Spouse	08/16/1941	000-00-0000	M	N	Active	<input type="button" value="Edit"/>
Dep & Benef	Jones, Tyler Anthony	Son	04/09/1984	000-00-0000	M	N	Active	<input type="button" value="Edit"/>
Dep & Benef	Jones, Karen Allison	Daughter	01/20/1987	000-00-0000	F	N	Active	<input type="button" value="Edit"/>
Dep & Benef	Jones, Abby Laura	Daughter	02/14/2005	000-00-0000	F	N	Active	<input type="button" value="Edit"/>
Beneficiary Only	Samuels, Julie Bridget	Other	03/26/1958	000-00-0000	F	N	Active	<input type="button" value="Edit"/>

This will take you to the **Set Up Your Dependents & Beneficiaries** page. Click the button at the bottom of the page titled **Designate/Remove Beneficiary**.



Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

 **Designate Beneficiaries For Life And AD&D Insurance Plans** [Help](#)

Mary Ann Jones 20012652

If your beneficiary is not listed, click "Back" and check that he/she is set up as "Dep & Benef" or as "Beneficiary Only"
 Click the "Edit" button corresponding to the beneficiary to make a change for that person.
 Click "Confirm" when you are finished with all your changes. The Primary total and Contingent total each must equal 100%

Plan	Name	Birth Date	Beneficiary	Type	%	Edit
Group Term Life	Jones, Robert F	08/16/1941	Yes	Primary	30	<input type="button" value="Edit"/>
	Jones, Tyler A	04/09/1984	Yes	Primary	20	<input type="button" value="Edit"/>
	Jones, Karen A	01/20/1987	Yes	Primary	20	<input type="button" value="Edit"/>
	Samuels, Julie B	03/26/1958	Yes	Primary	20	<input style="border: 2px solid orange;" type="button" value="Edit"/>
Total Primary %:	100					
Total Contingent %:	0					
Supplemental	Jones, Robert F	08/16/1941	Yes	Primary	30	<input type="button" value="Edit"/>
	Jones, Tyler A	04/09/1984	Yes	Primary	20	<input type="button" value="Edit"/>
	Jones, Karen A	01/20/1987	Yes	Primary	20	<input type="button" value="Edit"/>
	Samuels, Julie B	03/26/1958	Yes	Primary	20	<input type="button" value="Edit"/>
Total Primary %:	100					
Total Contingent %:	0					
AD&D	Jones, Robert F	08/16/1941	Yes	Primary	30	<input type="button" value="Edit"/>
	Jones, Tyler A	04/09/1984	Yes	Primary	20	<input type="button" value="Edit"/>
	Jones, Karen A	01/20/1987	Yes	Primary	20	<input type="button" value="Edit"/>
	Samuels, Julie B	03/26/1958	Yes	Primary	20	<input type="button" value="Edit"/>
Total Primary %:	100					
Total Contingent %:	0					

This will take you to the **Designate Beneficiaries For Life And AD&D Insurance Plans** page. To designate a beneficiary, click the **Edit** button in that individual's row.



Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

 **Designate Beneficiaries - Update**

Mary Ann Jones 20012652 09/20/2005 [Help](#)

Use this page to designate, or remove, beneficiaries from insurance plans.
Any changes made will be effective as of today's date.

Beneficiary Name: Samuels, Julie B
Birthdate:

Insurance Plan: Group Term Life

Step 1: Select "Primary" or "Contingent".
Select "None" to remove as beneficiary.

Step 2: Enter the percent amount.
Enter "0" to remove as beneficiary.

Step 3: Save your changes.

Step 4: Click "Back" to return to the Dependent/Beneficiary Setup page to confirm or to select another beneficiary.

List of Beneficiaries

Name	Type	%
Jones, Robert F	Primary	30
Jones, Tyler A	Primary	30
Jones, Karen A	Primary	30
Jones, Abby L	Primary	10
Samuels, Julie B	None	

Clicking this button will take you to another screen with that beneficiary's name. Select whether the individual is to be **Primary** or **Contingent**. A Contingent beneficiary will receive the money if the Primary beneficiary is deceased.



Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

 **Designate Beneficiaries - Update**

Mary Ann Jones 20012652 09/20/2005 [Help](#)

Use this page to designate, or remove, beneficiaries from insurance plans.
Any changes made will be effective as of today's date.

Beneficiary Name: Samuels, Julie B
Birthdate:

Insurance Plan: Group Term Life

Step 1: Select "Primary" or "Contingent".
Select "None" to remove as beneficiary.

Step 2: Enter the percent amount.
Enter "0" to remove as beneficiary.

Step 3: Save your changes.

Step 4: Click "Back" to return to the Dependent/Beneficiary Setup page to confirm or to select another beneficiary.

List of Beneficiaries

Name	Type	%
Jones, Robert F	Primary	30
Jones, Tyler A	Primary	30
Jones, Karen A	Primary	30
Jones, Abby L	Primary	10
Samuels, Julie B		

Indicate the percentage of the money the beneficiary should receive by typing the number in the box. Save your changes by clicking the **Save** button.



Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

 **Designate Beneficiaries - Update**

Mary Ann Jones 20012652 09/20/2005 [Help](#)

Use this page to designate, or remove, beneficiaries from insurance plans.
Any changes made will be effective as of today's date.

Beneficiary Name: Samuels, Julie B
Birthdate:

Insurance Plan: Group Term Life

Step 1: Select "Primary" or "Contingent".
Select "None" to remove as beneficiary.

Step 2: Enter the percent amount.
Enter "0" to remove as beneficiary.

Step 3: Save your changes.

Step 4: Click "Back" to return to the Dependent/Beneficiary Setup page to confirm or to select another beneficiary.

List of Beneficiaries

Name	Type	%
Jones, Robert F	Primary	30
Jones, Tyler A	Primary	30
Jones, Karen A	Primary	30
Jones, Abby L	Primary	10
Samuels, Julie B	Primary	20

If the beneficiary is to receive less than 100%, be sure to add another beneficiary who receives the remaining amount. The total must equal 100%. Do this by clicking the **Back** button to return to the previous page.



Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

 **Designate Beneficiaries For Life And AD&D Insurance Plans**

Mary Ann Jones 20012652 [Help](#)

If your beneficiary is not listed, click "Back" and check that he/she is set up as "Dep & Benef" or as "Beneficiary Only"
Click the "Edit" button corresponding to the beneficiary to make a change for that person.
Click "Confirm" when you are finished with all your changes. The Primary total and Contingent total each must equal 100%

Plan	Name	Birth Date	Beneficiary	Type	%	Edit
Group Term Life	Jones, Robert F	08/16/1941	Yes	Primary	30	<input style="border: 2px solid orange;" type="button" value="Edit"/>
	Jones, Tyler A	04/09/1984	Yes	Primary	20	<input type="button" value="Edit"/>
	Jones, Karen A	01/20/1987	Yes	Primary	20	<input type="button" value="Edit"/>
	Samuels, Julie B	03/26/1958	Yes	Primary	20	<input type="button" value="Edit"/>
Total Primary %:		100				
Total Contingent %:		0				
Supplemental	Jones, Robert F	08/16/1941	Yes	Primary	30	<input type="button" value="Edit"/>
	Jones, Tyler A	04/09/1984	Yes	Primary	20	<input type="button" value="Edit"/>
	Jones, Karen A	01/20/1987	Yes	Primary	20	<input type="button" value="Edit"/>
	Samuels, Julie B	03/26/1958	Yes	Primary	20	<input type="button" value="Edit"/>
Total Primary %:		100				
Total Contingent %:		0				
AD&D	Jones, Robert F	08/16/1941	Yes	Primary	30	<input type="button" value="Edit"/>
	Jones, Tyler A	04/09/1984	Yes	Primary	20	<input type="button" value="Edit"/>
	Jones, Karen A	01/20/1987	Yes	Primary	20	<input type="button" value="Edit"/>
	Samuels, Julie B	03/26/1958	Yes	Primary	20	<input type="button" value="Edit"/>
Total Primary %:		100				
Total Contingent %:		0				

Then click the **Edit** box for another beneficiary.



Employee Self Service

[Home](#)
[Sign off](#)

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

 **Designate Beneficiaries - Update**

Mary Ann Jones 20012652 09/20/2005 [Help](#)

Use this page to designate, or remove, beneficiaries from insurance plans.
Any changes made will be effective as of today's date.

Beneficiary Name: Jones, Tyler A
Birthdate:

Insurance Plan: Group Term Life

Step 1: Select "Primary" or "Contingent".
Select "None" to remove as beneficiary.

Step 2: Enter the percent amount.
Enter "0" to remove as beneficiary.

Step 3: Save your changes.

Step 4: Click "Back" to return to the Dependent/Beneficiary Setup page to confirm or to select another beneficiary.

List of Beneficiaries		
Name	Type	%
Jones, Robert F	Primary	30
Jones, Tyler A	Primary	10
Jones, Karen A	Primary	30
Jones, Abby L	Primary	10
Samuels, Julie B	Primary	20

Add the individual as another primary beneficiary with the remaining percentage amount.



Employee Self Service

[Home](#)
[Sign off](#)

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

 **Designate Beneficiaries - Update**

Mary Ann Jones 20012652 09/20/2005 [Help](#)

Use this page to designate, or remove, beneficiaries from insurance plans.
Any changes made will be effective as of today's date.

Beneficiary Name: Jones, Tyler A
Birthdate:

Insurance Plan: Group Term Life

Step 1: Select "Primary" or "Contingent".
Select "None" to remove as beneficiary.

Step 2: Enter the percent amount.
Enter "0" to remove as beneficiary.

Step 3: Save your changes.

Step 4: Click "Back" to return to the Dependent/Beneficiary Setup page to confirm or to select another beneficiary.

List of Beneficiaries		
Name	Type	%
Jones, Robert F	Primary	30
Jones, Tyler A	Primary	10
Jones, Karen A	Primary	30
Jones, Abby L	Primary	10
Samuels, Julie B	Primary	20

Save your changes by clicking the **Save** button.

Confirming Your Elections



Employee Self Service

[Home](#)
[Sign off](#)

Open Enrollment

*** Open Enrollment Agreement ***
[Summary of Current Benefits](#)
[Medical Plans](#)
[Vision Plans](#)
[Group Term Life Plans](#)
[Employee Sup Life Plans](#)
[Spouse/DP Sup Life Plans](#)
[Child Sup Life Plans](#)
[AD/D Plans](#)
[Long Term Disability Plans](#)
[Health Flexible Spending Plan](#)
[Dependent Care FSA Plan](#)
[Dependent/Beneficiary Setup](#)
[Summary of Elections](#)
[Confirm Dependents](#)
[Confirm Beneficiaries](#)

My Training
[Training Summary](#)

Designate Beneficiaries For Life And AD&D Insurance Plans

Mary Ann Jones 20012652 [Help](#)

If your beneficiary is not listed, click "Back" and check that he/she is set up as "Dep & Benef" or as "Beneficiary Only"
Click the "Edit" button corresponding to the beneficiary to make a change for that person.
Click "Confirm" when you are finished with all your changes. The Primary total and Contingent total each must equal 100%

Plan	Name	Birth Date	Beneficiary	Type	%	Edit
Group Term Life	Jones, Robert F	08/16/1941	Yes	Primary	30	▲
	Jones, Tyler A	04/09/1984	Yes	Primary	20	■
	Jones, Karen A	01/20/1987	Yes	Primary	20	■
	Samuels, Julie B	03/26/1958	Yes	Primary	20	▼
	Total Primary %:	100	Total Contingent %:	0		
Supplemental	Jones, Robert F	08/16/1941	Yes	Primary	30	▲
	Jones, Tyler A	04/09/1984	Yes	Primary	20	■
	Jones, Karen A	01/20/1987	Yes	Primary	20	■
	Samuels, Julie B	03/26/1958	Yes	Primary	20	▼
	Total Primary %:	100	Total Contingent %:	0		
AD&D	Jones, Robert F	08/16/1941	Yes	Primary	30	▲
	Jones, Tyler A	04/09/1984	Yes	Primary	20	■
	Jones, Karen A	01/20/1987	Yes	Primary	20	■
	Samuels, Julie B	03/26/1958	Yes	Primary	20	▼
	Total Primary %:	100	Total Contingent %:	0		

Confirm
Back

After you have completed your beneficiary changes, you will need to confirm your elections. If you do not confirm your elections, the changes will not be valid.

Online Open Enrollment *Tutorial Guide*

Page 29 of 32

Removing a beneficiary

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries**

My Training
Training Summary

Open Enrollment Agreement

Mary Ann Jones 20012652 [Getting Started](#)

Welcome to Open Enrollment

Before proceeding with Open Enrollment on the web, please read the following Statement of Agreement. You must click the "I Agree" button below to make open enrollment changes via Employee Self Service. The "I Agree" button provides the City of Seattle with your electronic signature that you have authorized the changes made on the web.

Use the Open Enrollment menu on the left side of this page to change your benefit enrollment information.

I declare that the changes on the following panels are true and correct to the best of my knowledge. I understand that I may be subject to disciplinary action and/or repayment of any claims paid by my health plan or premiums paid by my employer if I have provided false, incomplete, or misleading information, or fail to update this information in accordance with eligibility guidelines. I further certify and understand the following:

Previously submitted enrollment/beneficiary information is superseded by changes indicated on these panels. Beneficiary designations made via Employee Self Service are effective the date the change is made in Employee Self Service.

I Agree

In the main menu at the left, click on **Confirm Beneficiaries**.

Employee Self Service

Home
Sign off

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training
Training Summary

Open Enrollment Summary - Confirm Beneficiaries

Mary Ann Jones 20012652 [Help](#)

Summary of Your Beneficiary Designations

The following shows your beneficiaries for each insurance plan in which you are enrolled. If you do not see your beneficiary listed, or to make changes, click the "Dependent/Beneficiary Setup" button below.

Group Term Life Plan	Name	Relationship	Primary/Contingent	Percent
	Jones, Robert F	Spouse	Primary	40
	Jones, Tyler A	Son	Primary	30
	Jones, Karen A	Daughter	Primary	30

Employee Supplemental Life Plan	Name	Relationship	Primary/Contingent	Percent
	Jones, Robert F	Spouse	Primary	50
	Jones, Tyler A	Son	Primary	50

Accidental Death & Dismemberment Plan	Name	Relationship	Primary/Contingent	Percent
	Jones, Robert F	Spouse	Primary	50
	Jones, Tyler A	Son	Primary	30
	Jones, Karen A	Daughter	Primary	20

Enroll/Remove Dependent/Beneficiary

This will take you to the **Summary of Your Beneficiary Designations** page. Click the button at the bottom titled **Enroll/Remove Dependent/Beneficiary**.



Employee Self Service

Home
Sign off

Open Enrollment

* Open Enrollment Agreement *
Summary of Current Benefits
Medical Plans
Dental Plans
Vision Plans
Group Term Life Plans
Employee Sup Life Plans
Spouse/DP Sup Life Plans
Child Sup Life Plans
AD/D Plans
Long Term Disability Plans
Health Flexible Spending Plan
Dependent Care FSA Plan
Dependent/Beneficiary Setup
Summary of Elections
Confirm Dependents
Confirm Beneficiaries

My Training
Training Summary

 **Set Up Your Dependents & Beneficiaries** [Help](#)

Mary Ann Jones 20012652

Listed below are your dependents and beneficiaries

Step 1 - Verify that "Type" is correct. To change this or other dependent/beneficiary information, click the "Edit" button.
Step 2 - Click "Enroll/Unenroll Dependent" button to enroll/unenroll them in Medical, Dental, and Vision health plans.
Step 3 - Click "Designate/Remove Beneficiary" button to designate/remove them from Life and AD&D insurance plans.

Type	Name	Relationship	Birth Date	SSN	Sex	Full-Time Student	Status	Edit
Dep & Benef	Jones,Robert Frank	Spouse	08/16/1941	000-00-0000	M	N	Active	<input type="button" value="Edit"/>
Dep & Benef	Jones,Tyler Anthony	Son	04/09/1984	000-00-0000	M	N	Active	<input type="button" value="Edit"/>
Dep & Benef	Jones,Karen Allison	Daughter	01/20/1987	000-00-0000	F	N	Active	<input type="button" value="Edit"/>
Dep & Benef	Jones,Abby Laura	Daughter	02/14/2005	000-00-0000	F	N	Active	<input type="button" value="Edit"/>

This will take you the **Set Up Your Dependents & Beneficiaries** page. Click the button at the bottom of the page titled **Designate/Remove Beneficiary**.



Employee Self Service

Home
Sign off

Open Enrollment

* Open Enrollment Agreement *
Summary of Current Benefits
Medical Plans
Dental Plans
Vision Plans
Group Term Life Plans
Employee Sup Life Plans
Spouse/DP Sup Life Plans
Child Sup Life Plans
AD/D Plans
Long Term Disability Plans
Health Flexible Spending Plan
Dependent Care FSA Plan
Dependent/Beneficiary Setup
Summary of Elections
Confirm Dependents
Confirm Beneficiaries

My Training
Training Summary

 **Designate Beneficiaries For Life And AD&D Insurance Plans** [Help](#)

Mary Ann Jones 20012652

If your beneficiary is not listed, click "Back" and check that he/she is set up as "Dep & Benef" or as "Beneficiary Only"
Click the "Edit" button corresponding to the beneficiary to make a change for that person.
Click "Confirm" when you are finished with all your changes. The Primary total and Contingent total each must equal 100%

Plan	Name	Birth Date	Beneficiary	Type	%	Edit
Group Term Life	Jones, Robert F	08/16/1941	Yes	Primary	30	<input type="button" value="Edit"/>
	Jones, Tyler A	04/09/1984	Yes	Primary	20	<input type="button" value="Edit"/>
	Jones, Karen A	01/20/1987	Yes	Primary	20	<input type="button" value="Edit"/>
	Samuels, Julie B	03/26/1958	Yes	Primary	20	<input type="button" value="Edit"/>
Total Primary %:	100					
Total Contingent %:	0					
Supplemental	Jones, Robert F	08/16/1941	Yes	Primary	30	<input type="button" value="Edit"/>
	Jones, Tyler A	04/09/1984	Yes	Primary	20	<input type="button" value="Edit"/>
	Jones, Karen A	01/20/1987	Yes	Primary	20	<input type="button" value="Edit"/>
	Samuels, Julie B	03/26/1958	Yes	Primary	20	<input type="button" value="Edit"/>
Total Primary %:	100					
Total Contingent %:	0					
AD&D	Jones, Robert F	08/16/1941	Yes	Primary	30	<input type="button" value="Edit"/>
	Jones, Tyler A	04/09/1984	Yes	Primary	20	<input type="button" value="Edit"/>
	Jones, Karen A	01/20/1987	Yes	Primary	20	<input type="button" value="Edit"/>
	Samuels, Julie B	03/26/1958	Yes	Primary	20	<input type="button" value="Edit"/>
Total Primary %:	100					
Total Contingent %:	0					

This will take you to the **Designate Beneficiaries For Life And AD&D Insurance Plans** page. To remove a beneficiary, click the **Edit** button in that individual's row.



Employee Self Service

[Home](#)
[Sign off](#)

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

 **Designate Beneficiaries - Update**

Mary Ann Jones 20012652 09/20/2005 [Help](#)

Use this page to designate, or remove, beneficiaries from insurance plans.
Any changes made will be effective as of today's date.

Beneficiary Name: Jones, Robert F
Birthdate:

Insurance Plan: Group Term Life

Step 1: Select "Primary" or "Contingent".
Select "None" to remove as beneficiary. None

Step 2: Enter the percent amount.
Enter "0" to remove as beneficiary. 10

Step 3: Save your changes.

Step 4: Click "Back" to return to the Dependent/Beneficiary Setup page to confirm or to select another beneficiary.

List of Beneficiaries		
Name	Type	%
Jones, Robert F	Primary	30
Jones, Tyler A	Primary	10
Jones, Karen A	Primary	30
Jones, Abby L	Primary	10
Samuels, Julie B	Primary	20

Save
Back

Clicking this button will take you to another screen with that beneficiary's name. Click the drop down arrow to select **None**.



Employee Self Service

[Home](#)
[Sign off](#)

Open Enrollment

- * Open Enrollment Agreement *
- Summary of Current Benefits
- Medical Plans
- Dental Plans
- Vision Plans
- Group Term Life Plans
- Employee Sup Life Plans
- Spouse/DP Sup Life Plans
- Child Sup Life Plans
- AD/D Plans
- Long Term Disability Plans
- Health Flexible Spending Plan
- Dependent Care FSA Plan
- Dependent/Beneficiary Setup
- Summary of Elections
- Confirm Dependents
- Confirm Beneficiaries

My Training

Training Summary

 **Designate Beneficiaries - Update**

Mary Ann Jones 20012652 09/20/2005 [Help](#)

Use this page to designate, or remove, beneficiaries from insurance plans.
Any changes made will be effective as of today's date.

Beneficiary Name: Jones, Robert F
Birthdate:

Insurance Plan: Group Term Life

Step 1: Select "Primary" or "Contingent".
Select "None" to remove as beneficiary. None

Step 2: Enter the percent amount.
Enter "0" to remove as beneficiary. 0

Step 3: Save your changes.

Step 4: Click "Back" to return to the Dependent/Beneficiary Setup page to confirm or to select another beneficiary.

List of Beneficiaries		
Name	Type	%
Jones, Robert F	Primary	0
Jones, Tyler A	Primary	10
Jones, Karen A	Primary	30
Jones, Abby L	Primary	10
Samuels, Julie B	Primary	20

Save
Back

Remove any percentage amount by clicking in the box and entering "0". Save your changes by clicking the **Save** button.

If the individual was receiving a percentage less than 100%, you will need to designate a new beneficiary to receive that percentage. Review the instructions for the **Designating a Beneficiary** section of this tutorial if necessary. Please remember to **confirm** your beneficiary elections.