Instructions for Updating Personal Profile Information in SAP Self-Services

The Personal Profile link in Self-Services is where you enter your addresses for mailing and tax purposes as well as you enter your family member/dependents information for health (medical, dental and vision) insurance coverage or to enter the beneficiary information for life insurance and savings plans. You need to enter your family member/dependent information *first* before they can be selected as eligible dependent or beneficiary.

Before you begin entering your family member/dependent information through Self-Services, please have the following *required* information on hand. This will save you time in going through this process.

- Family Member/Dependent Full Name (First, Middle Initial, Last and Suffix).
- Gender
- Birth Date
- Social Security Number (9 digits) required by insurance companies for eligibility and identification
- Address if *different* from employee
- Telephone Number if *different* from employee
- Medical Doctor's Name and Office Number
- · Dental Doctor's Name and Office Number

The City <u>requires</u> documents when covering these dependents for **health and life** insurance coverage:

- Spouse Marriage Certificate
- Domestic Partner State Registration or Notarized Affidavit of Domestic Partner Relationship
- Children Birth Certificate
- Children of Domestic Partner Birth Certificate
- Adopted Child Birth Certificate and Adoption Papers
- Grandchildren Birth Certificate and Court Ordered legal document for insurance purpose

REMINDER: To ENROLL your dependents <u>after</u> open enrollment due to a <u>qualifying event</u>, you need to contact Risk Management/Benefits Staff at (619) 236-5924. Adding your dependents on the Personal Profile link does <u>NOT</u> enroll your dependent(s) to your health benefits. If you failed to contact Benefits staff within <u>30 days</u> from qualifying event, your dependents cannot be added until next open enrollment period.



To access the Personal Profile link:

1. Click on the Self-Services tab in the SAP Portal.

sD SAP Portal		Help Log off
Home Citywide SAP BusinessObjects Reports Budget Formulation PBF Administration Special Apps PBF Support Citywide SAP SAP-Gui SAP-Gui	Solution Manager OrgChart GRC SuccessFactors Self-Services	
Citywide SAP		History Back Forward
		Â
Launch SAP	Ariba	
Click the button below to launch SAP.	A procurement module which automates the purchasing process and integrates with SAP.	Feedback
Launch SAP	Get Info	
P2P Release 3 and Ariba Ariba Help I	ine: (619) 236-6224	
New changes are active in the SAP system that impact P2P processes for so sessions and eLearning videos are currently available through SuccessFact See the links below for additional information about the change and what y Purchasing & Contracting Support Site	iors.	v

2. Click on the double-arrows on the "CoSD My Services" tile (shown in the red box below) to switch to full screen mode.

SD Self-Services		•	*	2	¢
oSD My Info	CoSD My Services ⊭™				
2	Favorites Click the fullscreen icon to personalize your Favorites				
Personnel Number-001	Recently Used Open Enrollment				
	Participation Overview				
<u>***</u>	Anytime Insurance				
Leave Request Salary Statement	Anytime Saving Plans				
	Loss Insurance Cov.				
Personal Profile Time Card	Divorce				

3. Once in the CoSD My Services expanded page, click on the Personal Profile link shown below.

CoSD My Services			() Log off
Personal Information Payme	nt Benefits		
		Search for Services	0,
Personal Information	Personnel Forms		
Personal Profile	Personal Data Form		
	Affidavit of Domestic		
	Termination of Domestic \star Partner Relationship		
i	i		



To add a Family Member/Dependent:

1. Once on the Personal Profile screen, you click on the "Add" button to add a Family Member/Dependent, as shown in the screenshot below. This will populate the relationship menu.

Addresses	• Family Members /	Dependents	
Permanent residence (For Income Tax Use)	Spouse		
Street Name: City: felephone Number:	Name: Date of Birth: Valid From:		-
Benefits address (Req for HMO Plans)	Child		
Street Name: City: felephone Number:	Name: Date of Birth: Valid From:	1	``
Mailing address (For Official City mail)	Other Beneficiary		
Street Name: City: Felephone Number:	Name: Date of Birth: Valid From:		` 🛍
Communication	Name: Date of Birth: Valid From:	/	` @
No data available	Name: Date of Birth: Valid From:		1
Personal Data			
Full name:	Details Details	Add	
SSN:	Main bank		
	Payee: Bank name: Bank Account		/

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- x O **>>** Impact 💿 Training 📨 SAP Portal 📨 QE1-600 📨 DE1-302 🟠 🔻 🔝 👻 🖃 🖶 👻 Page 🕶 Safety 🖛 Tools 🕶 🕢 🖛 ۵. 🕼 ~ • Family Members / Dependents 🔓 Add Spouse Divorced spouse Spouse Father AL.P Name: ß Mother Date of Birth: Domestic Partner Valid From: Child of Domestic Partner Child Registered Partner Name: / 前 P Date of Birth: Legal guardian Valid From: Dependent of a Minor Dependent Ward of Legal Guardian Other Beneficiary Stepchild AL IN Name: / 前 Grandchild Date of Birth: Valid From: Other Beneficiary Living Trust Name: / 偷 Date of Birth: Valid From: 🖉 🏛 Name Date of Birth
- 2. From the drop-down menu, select the appropriate relationship.

NOTE:

- Use "Other Beneficiary" for brother, sister, aunt, uncle, friend, or any association not in the drop-down, in order to name them as beneficiary.
- When designating "Living Trust", enter the Living Trust document name as shown on your Living Trust.

- 3. Enter the family member/dependent's information:
 - i. First Name
 - ii. Last Name if Different from Employee's Last Name
 - iii. If dependent has a suffix, please choose from the drop down button in the "Title" field
 - iv. Date of Birth
 - v. Address
 - vi. Social Security Number 9 digits **Required for dependents to be enrolled for health and life insurance benefits**. Dependents without social security number will be denied benefits. Newborns will be allowed to be added without social security #. However, you have to apply for a social security number for your dependent(s) and enter the social security information in Self-Services once acquired.
 - vii. Validity Date

lame		Data At Birth	
	John	Date Of Birth:	5/11/2017
* Last Name:	Smith	Gender:	O Female
Title:			Male
			O Undeclared
Physicians			
Physician 1:	Dr. Jane Doe	Address	
ID Number:	70414	Country:	USA ~
Physician 2:		House Number And Street:	1111 Main Street
ID Number:		Address Line 2:	
		City:	San Diego
Challenge		State:	California
Challenge:		ZIP Code:	92101
Disability Date:	1	Telephone:	
Notification Date:	1		
		Other Personal Data	
Status		Social Security Number:	555-55-5555
Student:		Reference Personnel Number:	
Medicare: Smoker;			
Military Service:			
Financially Independant:			
Validity			
 Valid as of Today 			
Valid From			

Once information entry is complete, hit either the "Save" button or "Save and Back" button to save entries. Green check mark will appear in top left of screen if saved successfully. One bata saved successfully.

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4. Newly added information will now populate on the Personal Profile screen.

Addresses		Family Members / Dependents
Permanent residence (For Income Tax Use)		Spouse
Street Name: City: Telephone Number:	0	Name: Date of Birth: Valid From:
Benefits address (Req for HMO Plans)		Child
Street Name: City: Telephone Number:	/	Name: Date of Birth: Valid From:
Mailing address (For Official City mail)		Name: Smith John
Street Name: City:	0	Date of Birth: 05/11/2017 Valid From: Today
Telephone Number:		Other Beneficiary
Communication		Name: Date of Birth: Valid From:
No data available		Name: Date of Birth: Valid From:

To modify a Family Member/Dependent's information:

1. From the Personal Profile screen, click on the "edit" button next to the Family Member/Dependent you need to make changes to, as shown in the screenshot below. This will launch the edit screen.

Addresses		Family Members / Dependents	
ermanent residence (For Income Tax Use)		Spouse	
Street Name: 1234 Main Street City: San Diego ielephone Number: 555551234 Valid From: Today	/	Name: Smith John Date of Birth: 02/21/1966 Valid From: 06/23/2010 Mother	
Benefits address (Req for HMO Plans)		Name: Doe Jane	<i>∕</i> / m̂
Street Name: 1234 Main Street City: San Diego Telephone Number: 555551234 Valid From: Today		Date of Birth: 06/12/1941 Valid From: 06/23/2010	
Mailing address (For Official City mail)		Bank Information	
Street Name: 1234 Main Street City: San Diego ielephone Number: 555551234	1	Main bank	
Valid From: Today		Payee: Jane Smith Bank name: SAN DIEGO METROPOLITAN CREDIT UNION Bank Account: 000000055555555	
Communication			
		Benefits Medical Information	



2. Edit the applicable information in the edit screen.

🛃 Save and Back 🛛 📙 Save 🗙	Cancel	
Name		Data At Birth
* First Name:	James 4	Date Of Birth
* Last Name:	Smith	Gender
Title:	~	
Physicians		
Physician 1:		Address
ID Number:		Count
Physician 2:		House Number And Stre
ID Number:		Address Line
		Ci
Challenge		Sta
Challenge:		ZIP Coo
Disability Date:	1	Telephor
Notification Date:	1	
		Other Personal Data
Status		Social Security Nu
Student:		Reference Personnel Nu

Once information entry is complete, hit either the "Save" button or "Save and Back" button to save entries. Green check mark will appear in top left of screen if saved successfully. Data saved successfully 3. Newly edited information will now populate on the Personal Profile screen.

ata saved successfully			
Addresses		Family Members / Dependents	
Permanent residence (For Income Tax Use)		Spouse	
Street Name: 1234 Main Street City: San Diego Telephone Number: 555551234 Valid From: Today	Ø	Name: Smith James Date of Birth: 02/21/1966 Valid From: 06/23/2010 Mother	1
Benefits address (Req for HMO Plans) Street Name: 1234 Main Street City: San Diego Felephone Number: 5555551234 Valid From: Today	/	Name: Doe Jane Date of Birth: 06/12/1941 Valid From: 06/23/2010	∕ û
Nailing address (For Official City mail)		Bank Information Add	
Street Name: 1234 Main Street City: San Diego felephone Number: 5555551234 Valid From: Today	1	Main bank Payee: Jane Smith Bank name: SAN DIEGO METROPOLITAN CREDIT UNION Bank Account: 000000055555555	/
Communication		Benefits Medical Information	
No data available			



To modify your address:

1. From the Personal Profile screen, click on the "edit" button next to address to be edited, as shown in the screenshot below. This will launch the edit screen.

		Family Members / Dependents	
ermanent residence (For Income Tax Use)		Spouse	
Street Name: 1234 Main Street City: San Diego Jephone Number: 555551234 Valid From: Today	I	Name: Smith John Date of Birth: 02/21/1966 Valid From: 06/23/2010 Mother	Ø
enefits address (Req for HMO Plans) Street Name: 1234 Main Street City: San Diego elephone Number: 5555551234 Valid From: Today lailing address (For Official City mail)	1	Name: Doe Jane Date of Birth: 06/12/1941 Valid From: 06/23/2010	<i>▶</i> û
Street Name: 1234 Main Street City: San Diego elephone Number: 5555551234 Valid From: Today	1	Main bank Payee: Jane Smith Bank name: SAN DIEGO METROPOLITAN CREDIT UNION Bank Account: 000000055555555	0
Communication			



2. Edit the applicable information in the edit screen.

Save and Back 🛛 🔚 Save 🗙	Cancel		
* Country:	USA		
dress			
C/O:			
* House Number And Street:	1234 Third Street		
Second Address Line:			
* City:	San Diego		
County:			
* State:	California	•	•
* ZIP Code:	92120		
Telephone:	555	555-1234	
idity			
/alid as of Today			
/alid From			

Once information entry is complete, hit either the "Save" button or "Save and Back" button to save entries. Green check mark will appear in top left of screen if saved

successfully. 📀 Data saved successfully

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3. Newly edited information will now populate on the Personal Profile screen.

Data saved successfully			
Addresses		Family Members / Dependents	
Permanent residence (For Income Tax Use)		Spouse	
Street Name: 1234 Third Street City: San Diego Telephone Number: 555551234 Valid From: Today		Name: Smith James Date of Birth: 02/21/1966 Valid From: 06/23/2010 Mother	
Benefits address (Req for HMO Plans)		Name: Doe Jane	1
Street Name: 1234 Main Street City: San Diego Telephone Number: 5555551234 Valid From: Today	Ø	Date of Birth: 06/12/1941 Valid From: 06/23/2010	
Mailing address (For Official City mail)		• Bank Information	
Street Name: 1234 Main Street City: San Diego Telephone Number: 555551234 Valid From: Today	/	Main bank Payee: Jane Smith Bank name: SAN DIEGO METROPOLITAN CREDIT UNION	Ø
Communication		Bank Account: 00000005555555	
No data available		Benefits Medical Information	
		No data available	