How to Complete Benefits Enrollment through SAP Self-Services

Self-Services is the tool in the SAP Portal for enrolling in benefits for initial enrollment, during open enrollment, or following a qualifying life event. It can only be accessed using a City computer. Outlined below are the full details from beginning to end. For specific actions go to the following:

Setting up Landing Page and Adding Family Members (steps 1 – 18) Accepting Benefits Consent Form (steps 19 – 26) Enrolling in Benefits – Open Enrollment, New Hire, Job Class Change, etc. (steps 27 – 65) Anytime Insurance– Portable Term Life (steps 66 – 74) Anytime Savings – 401(k), 457(b) Deferred Compensation Plan (steps 75 – 88) Anytime Beneficiary – Life Insurance and Savings Plans (steps 89 – 102) Printing Confirmation Page (steps 103 – 106)

STEPS	SCREENSHOT							
Setting up Landing Page and Adding Family Members								
1. Log in to SAP Portal.	https://onesd.sandiego.gov/irj/portal							
2. Enter User ID and Password. Press "Enter" key from keyboard.	User ID * Password * Log on							
3. Click the "Self-Services" tab in your SAP portal.	Self-Services							
 If you do not see the "My Services" tile on your landing page, select the "Toggle Settings" button. 	CoSD My Info CosD My Info							

	STEPS	SCREENSHOT
5.	Ensure that the "CoSD My Services" and "CoSD My Info" boxes are check-marked. Then press the "Toggle Settings" button again to add the tiles to your main page.	CoSD Self-Services / CoSD Manager Self-Service CoSD Employee Self-Service CoSD My Services / CoSD My Info
6.	Under the CoSD My Info tile, click on "Personal Profile."	Image: Select selec
7.	 Verify the following Addresses: Permanent residence Benefits address Mailing address 	Addresses Permanent residence (For Income Tax Use) Benefits address (Req for HMO Plans) Mailing address (For Official City mail)
8.	To change an address, click the "Pencil" symbol next to the appropriate address title.	
9.	To "Add" family members or dependents that will be enrolled for coverage and/or be named as beneficiaries, click the "Add" button.	Family Members / Dependents
10	Select the appropriate relationship from the drop-down menu.	Spouse Divorced spouse Father Domestic Partner Child of Domestic Partner Registered Partner Child Legal guardian Dependent of a Minor Dependent Ward of Legal Guardian Stepchild Grandchild Other Beneficiary Living Trust

STEPS	SCREENSHOT
11. Complete the	
following information:	
First Name	
Last Name	Add Spouse
• Title	Save and Back Save X Cancel
• Date of Birth	Name Data At Birth # First Name Date Of Briting
Gender	*Last Name: Gender: O Female
Physician 1 Name	Title: • Male • Male • Undeclared
and ID Number:	Physicians Physician 1 Address
Medical HMO	D Number, Country: USA
except Kaiser	Physican 2 House Number And Street ID Number Address Line 2:
Physician 2 Name	City: Challenge State California
and ID Number:	Challenge: ZIP Code:
Dental HMO	Disability Date: Telephone. Notification Date:
 Dependent's 	Other Personal Data Status Social Security Number
Address	
Social Security	
Number	
12. Change "Validity"	
option to "Valid From"	
•	Validity
and enter your date of	valuity
hire.	Valid as of Today
NOTE : Dependent's	Valid From
Valid From Date must	
match employee's Hire Date .	
13. Review data entered and click "Save". If	
adding multiple	Add Spouse
dependents click "save	
and Back". Repeat	Save and Back Save X Cancel
steps to enter all	
applicable family	
members/dependents.	
14. To enter Employee's	
Physician Information	
for Medical (except	Benefits Medical Information
Kaiser) and Dental	
plans, click the "Add"	
Button.	
15. Enter Medical HMO	Physician Data
Dr's Name and	Name: Medical HMO Dr.
physician ID number	
in first set of boxes;	ID: Medical Dr. ID #
Dental HMO Dr's	
Name & ID number on	Name: Dental HMO Dr.
second set of boxes.	ID: Dental Dr. ID #

STEPS	SCREENSHOT
16. Save entry by clicking "Save and Back"	Add Benefits Medical Information
button.	Save and Back Save Cancel
17. To close the Personal	
Profile page, click the "x" button.	227 Personal Profile
18. Press "F5" key on your computer keyboard to refresh the screen.	F5

STEPS	SCREENSHOT
	Accepting Benefits Consent Form
19. To enroll for benefits, click the expand arrow of the "CoSD My Services" tile.	CoSD My Services
20. Click the "Benefits" button on the expanded CoSD My Services page.	CoSD My Services Personal Information Payment Benefits
21. Click the "Benefits Consent Form" link shown in the "Benefits Actions" tile.	Benefits Actions Benefits Consent Form ★
22. Click the "Accept" button to agree to the "Terms and Conditions".	Terms and Conditions City of San Diego - Benefits consent form Accept Decline
23. Click the "Next" button.	Benefits Consent: Step 1 (Bei Next > Save Image: Benefits Summary Review and Save
24. Click the "Save" button.	Benefits Consent: Step 2 (Rev < Previous Next > Save Image: Benefits Summary Review and Save
25. Click the "x" to close the "Benefits Consent" page.	Benefits Consent
26. Press "F5" key from computer keyboard to refresh the screen and to go back to the main page.	F5

STEPS	SCREENSHOT
Enrolling	in Benefits – Open Enrollment, New Hire, Job Class Change, etc
27. Click the expand arrow of the "CoSD My Services" tile.	CoSD My Services
28. Click the "Benefits" button.	CoSD My Services Personal Information Payment Benefits
29. Click the "Open Enrollment" link (or the link for the applicable qualifying	Benefits Actions
life event that you are using to elect	Anytime Insurance
changes to coverage, such as being a "New Hire" or "Loss of	Anytime Saving Plans
Coverage").	Anytime Beneficiary
	Open Enrollment
30. If already enrolled, you will begin with a summary of your current benefits. Hit next to proceed to Health Plan enrollment.	Open Enrollment: Step 1 (Benefits Summary) Previous Next > Save Image: Colspan="2">Image: Colspan="2">Open Enrollment: Step 1 (Benefits Summary) Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Step 1 (Benefits Summary) Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2">Image: Colspan="2" Image: Colspan="2">Image: Colspan="2" Imag
 31. To enroll for "Dental" coverage, click the "Add" button. NOTE: Dental Plan is optional. This step can be skipped. If not applicable, skip to step 36. 	Open Enrollment: Step 2 (Heat <pre> <pre> </pre> <pre> <pre> </pre> <pre> <pre> </pre> </pre> <pre> <pre> </pre> </pre> <pre> <pre> </pre> </pre> <pre> <pre> </pre> </pre> </pre> </pre> <pre> </pre> <pre> <pr< td=""></pr<></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre></pre>
	Acti Plan Type Starts On Dental Plans 07/01/2017
	Medical Plans 07/01/201
	✓ m Vision Plans 07/01/201

STEPS					SC <u>REE</u>	NSHOT	
32. Select the De Plan, Option, Coverage, an tax and/or Po	d Pre- ost-tax	elect a Dental Plans P	an				_ ×
Costs you wis	sh to 🔰 –		_		_		
enroll by click "Plan Name".	ing the	Plan Name MEA DHMO Dental Plan	Option Dental HMO	Enroll in One Plan Basic Life Insurance-MEA & 127	Coverage Employee Pretax	9.23 USD Bi- weekly	Post-Tax Costs
NOTE 1: Use	the	MEA DHMO Dental Plan	Dental HMO	Basic Life Insurance-MEA & 127	EE/DP/SP Postax	9.23 USD Bi- weekly	
scroll down	to view	MEA DHMO Dental Plan	Dental HMO	Basic Life Insurance-MEA & 127	EE/SP/DP Pretax	17.97 USD Bi- weekly	
all the plans o	offered.	MEA DPO Dental Plan	DPO Dental	Basic Life Insurance-MEA & 127	Employee Pretax	30.36 USD Bi- weekly	
NOTE 2: ONI	Y select	MEA DPO Dental Plan	DPO Dental	Basic Life Insurance-MEA & 127	EE/DP/SP Postax	30.36 USD Bi- weekly	
a "Post-Tax" c		MEA DPO Dental Plan	DPO Dental	Basic Life Insurance-MEA &	EE/SP/DP Pretax	56.88 USD Bi- weekly	
you are enrol	-			127			
non-depende domestic pa		Enroll Dependents	r)				
NOTE 3: If er dependent, c dependents t enrolled. 33. Click the "Ado	heck the o be						
button.		Add Cancel					
34. Click the "Clos button if "Enr Required Plar warning appe	se" oll in hs" ears.	You must e	rolled only a nroll ir	Plans in plan: MEA available in co n at least one irance-MEA 8	mbinatio of the fol	n with oth	
35. Review the D Plan selection	that	. Plan Type Starts On Status		Name Option	Coverage		ax Costs Post-Tax Costs
was registere		Dental Plans 07/05/2016 New		A DHMO Dental HMO tal Plan	EE/DP/SP Postax	Mary Smith 9.23 U weekly	
 36. To enroll for "Medical" cov including the option, click t button. NOTE: Medic is mandatory step cannot b skipped. 	erage, waiver he "Add" cal Plan y . This	Medical Pla	ins				

STEPS	SCREENSHOT								
37. Select the Medical Plan, Option, Coverage, and Pre- tax and/or Post-tax	Select a Medical Plans Pla	n							
Costs you wish to									
enroll by clicking the "Plan Name".	Plan Name Sharp Select HMO Med Plan	Option Health Maintenance Organizatn	Coverage EE/DP/SP Postax	Pre-Tax Costs 185.38 USD Bi-weekly	Post-Tax Costs				
NOTE 1: Use the	Sharp Select HMO Med Plan	Health Maintenance Organizatn	EE/SP/DP Pretax	405.97 USD Bi-weekly					
scroll down to view all the plans offered.	COSD Health Net PPO	Preferred Provider Organizatio	Employee Pretax	756.33 USD Bi-weekly					
NOTE 2: ONLY select	COSD Health Net PPO	Preferred Provider Organizatio	EE/DP/SP Postax	756.33 USD Bi-weekly					
a "Post-Tax" costs if you are enrolling a	COSD Health Net PPO	Preferred Provider Organizatio	EE/SP/DP Pretax	1,656.37 USD Bi-weekly					
non-dependent	Waive Medical w/ Fee	Waive Option	Employee Pretax						
domestic partner.	Enroll Dependents								
NOTE 3 : If enrolling a dependent, check the dependents to be enrolled.	Mary Smith (Domestic Partner) - I	neligible: Not vali	d for selected	coverage level					
38. Click the "Add" button.	Add Cancel								
39. Review the Medical Plan selection that was registered.	Medical Plans 07/05/	2016 N	lew	Waive Med Fee	ical w/ Waive Option	Employee Pretax			
40. To enroll for "Dental" coverage, click the "Add" button.									
NOTE : Dental Plan is optional . This step can be skipped. If not applicable, skip to step 44.	Vision Plans								

STEPS	SCREENSHOT								
41. Select the Vision Plan, Option, Coverage, and Pre-tax and/or Post-tax Costs you wish to enroll by clicking the "Plan	Select a Vision Plans Plan								
Name".	Plan Name	Option	Enroll in One	Plan <mark>Co</mark>	overage	Pre-Tax	Costs	Post-Tax Costs	
NOTE 1: Use the scroll down to view	MEA Vision Plan	n VPO Vision	Basic Life Insurance-ME 127		nployee etax	8.54 USE weekly) Bi-		
all the plans offered.	MEA Vision Plan	n VPO Vision	Basic Life Insurance-ME 127		E/DP/SP ostax	8.54 USE weekly) Bi-		
NOTE 2 : ONLY select a "Post-Tax" costs if	MEA Vision Plan	N VPO Vision	Basic Life Insurance-ME 127		E/SP/DP retax	14.77 US weekly	SD Bi-		
you are enrolling a non-dependent	Enroll Depender	nts							
42. NOTE 3 : If enrolling a dependent, check the dependents to be enrolled.		Mary Smith (Domestic Partner) - Ineligible: Not valid for selected coverage level							
43. Review the Vision Plan selection that was registered.	Enroll in Health Plans Acti Plan Type Starts On Image: Comparison of the starts of	New MEA Den	Name Option DHIMO Dental HIMO al Plan Waive Option	Coverage EE/DP/SP Postax Employee Pretax		9.23 USD Bi-	Post-Tax Costs 8.74 USD Bi- weekly		
44. Click "Next" button to go to the Insurance Plans.	-	Open Enrollment: Step 2							
 45. Click the "Add" button to enroll for the Basic Term Life Insurance. NOTE: Basic Life Insurance is mandatory. This step cannot be skipped. 	Enroll in Insu Acti Plan Ty		Plans						

	STEPS	SCREENSHOT							
46. Select plan ii	the Basic Term n which you o enroll.								
benef	nate your iciaries in the	Select a Life	-Basic Term Plan					×	
pop-u	p window.	Plan Nam	e	Option	Coverage	Pre-Tax Costs	Post-Tax Cos	its	
NOTE	: You may have	Basic Life	Insurance-MEA & 127	Option 10,000	10,000.00	0.14 USD Bi- weekly			
more	than one	Basic Life	Insurance-MEA & 127	Option 25,000	25,000.00	0.35 USD Bi- weekly			
	iciary as long as als to 100%. A	Basic Life	Insurance-MEA & 127	Option 50,000	50,000.00	0.69 USD Bi- weekly			
contin benef	ngent iciary is in the	Designate E	eneficiaries						
	that your	Name	Relationship	Primary Percer	ntage (%)	Contingent Pe	rcentage (%)		
prima	ry beneficiary is	Mary Smith	Domestic Partner		100			0	
decea	sed, your	Total			C			0	
	w the Basic Life ion and	Enroll in Insuran							
benef		Acti Plan Type	Starts On	Plan Name	Option	Covera	age P	rimary Benefici	
desigr registe	nation that was ered.	/ 📋 Life-Basic Te	m 07/05/2016	Basic Life Insura MEA & 127	ince- Option (50,000 <mark>50,000</mark>	.00 USD M	lary Smith <mark>(100%)</mark>	
	'Next" button to Savings Plans.	-	Enrollmen	-	3				
401k F contri "Add"	ect to make a Flex bution, click the button. : 401(k) flex is	Acti Plar	avings Plans						
optio can be	nal . This step e skipped. If not able, skip to	401	k Flex						

STEPS	SCREENSHOT						
50. Enter the semi- monthly (<u>not</u> annual) amount to be	Enter 401k Flex Plan Information						
contributed in the "Pre-Tax Amount" field.	Select Plan Plan Name						
Enter the Percentage for your beneficiary.	401 (K) Flex Plan Regular Contribution						
NOTE : Percentage must total 100% for Primary and	Period: Bi-weekly Pre-Tax Amount: 200.00 USD (Minimum 0.00 USD) Designate Beneficiaries						
Contingent Beneficiaries.	Name Relationship Primary Percentage (%) Contingent Percentage (%) Mary Smith Domestic Partner 100 0						
Click the "Add" button when entries are complete.	Total 0						
51. Review the 401k Flex contribution and	Enroll in Savings Plans						
beneficiary designation that was registered.	Acti Plan Type Starts On Status Plan Name Primary Benefici Pre-Tax Costs 401k Flex 07/01/2017 New 401 (K) Flex Plan Mary Smith (100%) weekly						
52. Click "Next" button to go to the Flexible Spending Accounts (FSA).	<pre>Open Enrollment: Step 4 </pre> Previous Next > Save						
 53. Click the "Add" button to enroll for FSA Dependent Child Care reimbursement. NOTE: FSA is optional. This step can be skipped. If not applicable, skip to step 61. 	Acti Plan Type S FSA DCC Plans						

STEPS	SCREENSHOT							
54. Enter the "Annual" Contribution Amount.								
Click Calculate button								
to see the biweekly								
contribution.								
contribution.								
NOTE : Amount per Paycheck calculator is <u>ONLY</u> accurate during	Enter FSA DCC Plans Plan Information							
open enrollment.	DC Reimbursement Account Plan							
Outside of open	Details: Annual Contribution for DC Reimbursement Account Plan for period 07/01/2016 - 06/30/2017 Annual Contribution Amount: 5,000.00 USD (Minimum 260.00 USD - Maximum 5,000.00 USD)							
enrollment, annual	Amount per Paycheck: 192.31 USD Calculate							
contribution should								
be divided over								
remaining pay								
periods remaining in								
the current fiscal								
year.								
55. Click the "Add" button.	Add Cancel							
56. Review the FSA DCC	Acti Plan Type Starts On Status Plan Name Pre-Tax Costs							
enrollment that was								
registered.	✓ m FSA DCC Plans 07/05/2016 New DC Reimbursement Account Plan							
57. Click the "Add" button								
to enroll for FSA	FSA DMV Plans							
Dental/Medical/Vision								
reimbursement								
58. Enter the "Annual"								
Contribution Amount.								
Click Calculate button								
to see the biweekly								
contribution.								
NOTE: Amount per	Enter FSA DMV Plans Plan Information							
Paycheck calculator is	Select Plan							
ONLY accurate during	Plan Name DMV Reimbursement Account Plan							
open enrollment.	Details: Annual Contribution for DMV Reimbursement Account Plan for period 07/01/2016 - 06/30/2017							
Outside of open	Annual Contribution Amount: 2,550.00 USD (Minimum 260.00 USD - Maximum 2,550.00 USD)							
enrollment, annual contribution should	Amount per Paycheck: 98.08 USD Calculate							
be divided over								
remaining pay periods remaining in								
the current fiscal								
year.								
59. Click the "Add"								
button.	Add Cancel							
60. Review the FSA DMV								
enrollment that was	FSA DMV Plans 07/05/2016 New DMV Reimbursement Account 98.08 USD Bi-weekty							
registered.								

SD Risk Management

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STEPS	SCREENSHOT
51. Click the "Next" button to go to the "Review and Save" screen.	Open Enrollment: Step 5 Previous Next > Save
 62. Review Benefits selections by checking the Plan Name, Coverage, Dependents and Pretax/Post-tax Costs. Note: To go back and change benefits selection, click the appropriate step number. 	Open Enrollment: Step 6 (Review and Save) Image: Previous Next > Image: Starts Image: Starts Image: Starts Image: Starts Image: Starts Post-Tax Composition P
63. Once finished, save your benefits selections by clicking the "Save" button on the "Review and Save" screen.	Open Enrollment: Step 6 (Review and Save) Previous Next > Save
64. The "Data saved successfully" green check-mark notifies you that your entries were saved correctly.	Open Enrollment Image: Constraint of the constraint of t
65. Close the Enrollment page by clicking the "X" button for that tab in your internet browser.	🖙 Open Enrollment

STEPS	SCREENSHOT				
	Anytime Insurance– Portable Term Life				
66. To enroll for Portable Term Life Insurance click the "Anytime Insurance" link under COSD My Services > Benefits.	Benefits Actions				
NOTE : FSA is optional . This step can be skipped. If not applicable, skip to step 74.	Anytime Insurance				
67. Click "Next" button.	<pre>Anytime Insurance: Step 1 < Previous Next > Save</pre>				
68. Select a Portable	Enroll in Insurance Plans				
Term Life plan and	Acti Plan Type				
click the "Add" button.	Life-CH Term				
	Life-DP Term				
Note: EE is employee,					
SP is spouse, DP is domestic partner, CH	Lo				
is children	Life-EE Term				
	Select a Life-EE Term Plan				
	Plan Name Option Coverage Pre-Tax Costs Post-Tax Costs				
	Portable Term Life Employee Option 75,000 75,000.00 1.59 USD Biweekly Portable Term Life Employee Option 100,000 100,000.00 2.12 USD Biweekly				
69. Select the Portable	Portable Term Life Employee Option 150,000 150,000 3.18 USD Bi-				
Life Coverage by clicking on the	Portable Term Life Employee Option 200,000 200,000 4.25 USD Bi-				
Coverage level and	Portable Term Life Employee Option 250,000 250,000.00 5.31 USD BI-				
enter the percentage for Beneficiary Designation.	Portable Term Life Employee Option 300,000 300,000 6.37 USD Bi- weekly				
	Designate Beneficiaries				
	Name Relationship Primary Percentage (%) Contingent Percentage (%)				
	Mary Smith Domestic Partner 100 0				
	Total 0 0				
70. Click "Add" button.	Add Cancel				

STEPS	SCREENSHOT
 71. A notice may appear stating that Evidence of Insurability (EOI) is required. You may disregard this message. The Hartford, the City's life insurance provider, determines if an EOI form is necessary and will mail the form directly to you, if needed. The form is <u>not</u> available from the City. Click the "Close" button. NOTE: Repeat steps 68 – 70 for optional Children and Spouse/Domestic Partner coverage, if desired. 72. Click "Save" to register your enrollment. 	Details × Image: Second Sec
73. Close Anytime	
Insurance by clicking the "x" button.	Z Anytime Insurance
74. Press "F5" key from computer keyboard to refresh the screen and to go back to the main page.	F5

STEPS		SCREENSHOT	
Any	time Savings – 401(k), 457(b) Deferred Compensation Pla	in
75. To enroll for optional savings plans, click the expand arrow of the "CoSD My Services" tile.	CoSD My Services	27	
76. Click the "Benefits" button.	CoSD My Services Personal Information		
77. To enroll for 401(k) and/or 457(b) click the "Anytime Savings Plans" link under COSD My Services > Benefits.	CoSD My Services Personal Information	Payment Benefits	
Note : Anytime Savings are optional . This step can be skipped. If not applicable, skip to step 88.	Benefits Enrollment Overview Participation Overview FSA Claims		Health Plai Conditions How to sut DMV and I reimburser
78. Click "Next" button.	Anytime Saving Pla Previous Next > Saving Pla	ans: Step 1 (Benefits	Summary)
79. Select an Anytime Savings Plan and click the "Add" button. Note: The enrollment process into the 401(k) and the 457(b) is the same. The 401k will take effect the next pay period and the 457(b) will go into effect the following month.	Anytime Saving Pl	ave 2 3 Savings Plans Review and	
	Enroll in Savings Plan		Plan Name Prin
	Acti Plan Type	Starts On Status 03/14/2017 03/14/2017	Plan Name Prin
	401(k) Plans 457(b) Plans	03/14/2017	

STEPS	SCREENSHOT				
80. Enter the amount you want to contribute next to the Pre-Tax amount.	Regular Contribution				
Note: The amount must be a minimum of \$10.00 biweekly for both the 401(k) and the 457(b) plans.	Period: Bi-weekly Pre-Tax Amount: 0.00 USD (Minimum 0.00 USD)				
81. Designate your beneficiaries in the pop-up window.NOTE: You may have more than one	Designate Repeticiaries				
beneficiary as long as	Designate Beneficiaries				
it equals to 100%. A	Primary Percentage (%) Contingent Percentage (%)				
contingent beneficiary is in the	50 0				
event that your	50 0				
primary beneficiary is					
deceased, your contingent	100 0				
beneficiary would					
then receive the					
funds.					
82. Click the "Add" button.					
NOTE: If desired,	Add				
repeat steps 79 - 82					
for additional					
Anytime Savings Plans.					
83. Click the "Next"					
button to go to the	Enroll in Savings Plans				
"Review and Save"	< Previous Next > Save				
screen.					

STEPS	SCREENSHOT
84. Review Savings selections by checking the Plan Name, bi-weekly contribution, and beneficiaries.	Anytime Saving Plans: Step 3 (Review and Save)
Note: To go back and change benefits selection, click the appropriate step number.	
85. Once finished, save your benefits selections by clicking the "Save" button on the "Review and Save" screen.	< Previous Next > Save
86. The "Data saved successfully" green check-mark notifies you that your entries were saved correctly.	Anytime Saving Plans Data saved successfully What do you want to do next? Benefit Elections Summary
87. Close the Anytime Savings Plans tab by clicking the "x" button.	Z Anytime Saving Plans
88. Press "F5" key from computer keyboard to refresh the screen and to go back to the main page.	F5

STEPS		SCREEN	ISHOT	
Anyt	ime Beneficiary – Life Ins	urance and	Savings Plans	
89. To update all beneficiary assignments, click the expand arrow of the "CoSD My Services" tile.	oSD My Services	L N		
90. Click the "Benefits" button.	CoSD My Services Personal Information	Paymer	nt Benefits	
91. To assign beneficiaries click the	CoSD My Services Personal Information	Payment		earch for Service
"Anytime Beneficiary" link under COSD My Services > Benefits.	Benefits Enrollme Overview	nt	Benefits Actions	
Services > benefits.	Participation Overview	${\not\sim}$	Anytime Insurance	Å
	FSA Claims	$\frac{1}{2}$	Anytime Saving Plans	*
			Anytime Beneficiary	*
92. Click "Next" button.	nytime Beneficia Previous Next > 🔚 S	ave Step	1 (Benefits S	ummary)

STEPS				SCREENS	НОТ	
	Anyti	Anytime Beneficiary: Step 2 (Ins				(Ins
	< Previou	< Previous Next > Save				
	I Þ	1 Benefits Sum	mary	Insura	2 ance Pla	ins
93. Click the Edit icon for available Insurance Plans.	Enroll	in Insura	nce P	lans		
	Acti	Plan Type		Starts On		Plan N
		Life-Basic	Term	04/11/201	8	Basic L Insurar & 127
		Life-EE Te	rm	04/11/201	8	Portabl Life Err
beneficiaries for available Insurance Plans by clicking the Edit icon. NOTE : You may have more than one beneficiary as long as it equals to 100%. A	Designate Bo	eneficiaries	Priman D-	centage (%)	Contingent Pe	amontario /04 \
contingent	Mary Smith	Domestic Partner	Primary Per	100	Contingent Pe	ercentage (%)
beneficiary is in the event that your primary beneficiary is deceased, your contingent beneficiary would then receive the funds.	Total			0		
95. Click "Next" button.	Anytin < Previous	me Ben s Next >		ary: S Save	tep 2	(Insi
	I ♦	1 Benefits Sumr	mary	Insura	2 ance Pla	ns

STEPS	SCREENSHOT						
	Anytime Beneficiary: Step 3 (Savings Plans)						
	< Previous Next > Save						
	I+	1	2	3	4		
96. Click the Edit icon for	В	enefits Summary	Insurance Plans	Savings Plans	Review and S		
available Savings Plans.							
	Enroll in Savings Plans						
	Acti	Plan Type	Starts On	Status	Plan Name		
	1	SPSP M Plans	04/11/2018	Current	SPSP-H Mandatory Plan		
97. Designate your beneficiaries for available Savings Plans by clicking the Edit icon.	_						
NOTE : You may have more than one							
beneficiary as long as	_	Beneficiaries			1		
it equals to 100%. A contingent	Name Mary Smith	Relationship Domestic Partner	Primary Percentage (%)	Contingent Percentage (%)			
beneficiary is in the	Total		0	0			
event that your primary beneficiary is deceased, your contingent beneficiary would then receive the funds.							
98. Click the "Next" button to go to the "Review and Save" screen.	< Previou	ıs Next 🔪 🛛 🖳	Save				
99. Once finished, save your beneficiary selections by clicking the "Save" button on the "Review and Save" screen.	< Previo	us Next > 📙	Save				
100. The "Data saved successfully" green check-mark notifies	Any	rtime Ben	eficiary				
you that your entries were saved correctly.	💟 Data	a saved successf	ully				

STEPS	SCREENSHOT
101. Close the Anytime Savings Plans tab by clicking the "x" button.	Anytime Beneficiary ×
102. Press "F5" key from computer keyboard to refresh the screen and to go back to the main page.	F5

STEPS	SCREENSHOT				
Printing Confirmation Page					
103. To view a summary of your benefits enrollment, click the "Participation Overview" link, which will take you to your Benefits Enrollment Statement.	CoSD My Services Personal Information Payment Benefits Search for Servic Benefits Enrollment Overview Anytime Insurance Anytime Insurance Anytime Insurance 				
 104. Click "Display" button to display participation overview as of the date shown. NOTE: Change the Date to view benefits as of a specific date (such as the start of the new fiscal year to view open enrollment changes). Click "Print" button shown on the upper right to create a PDF of the overview. 	Benefits Participation Overview				
105. Click "Save a copy" and/or "Print file" icons to keep a record of your Benefits Confirmation. 106. Close the Benefits Participation Overview by clicking the "x" button.	Benefits Confirmation				