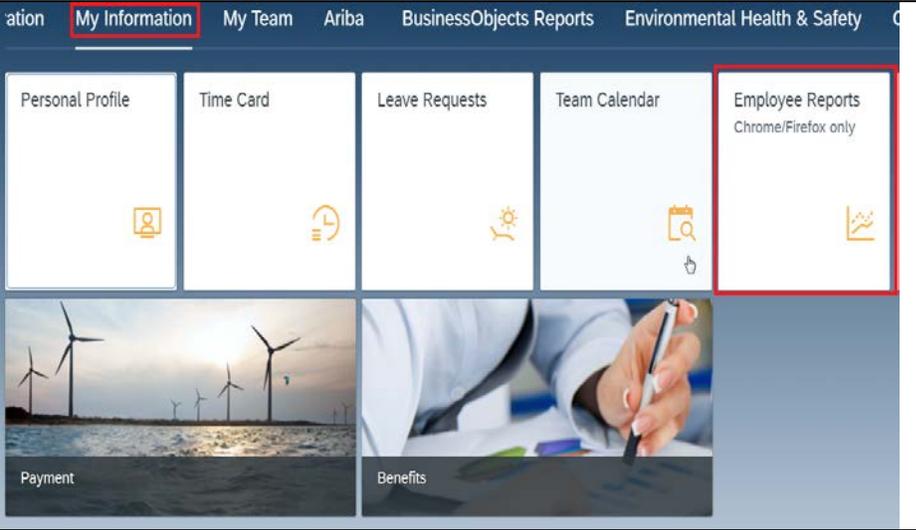
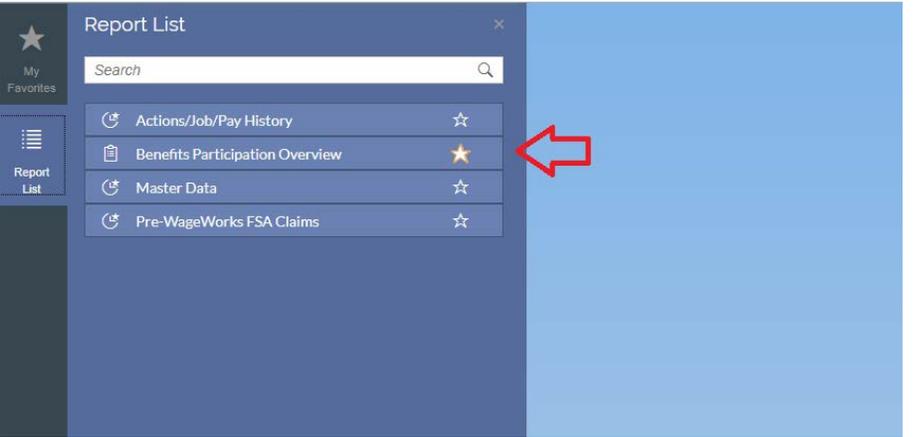
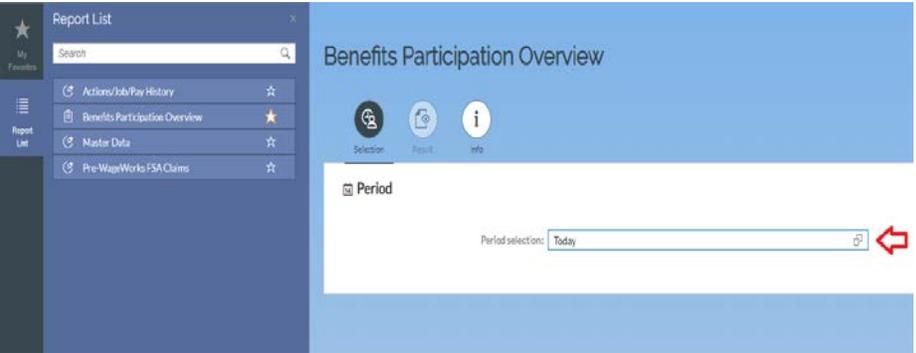


HOW TO VIEW AND PRINT YOUR BENEFITS CONFIRMATION STATEMENT

STEPS	SCREENSHOT
<p>1. Log in to SAP.</p>	<p>Internal URL: https://onesdpw5.sandiego.gov/fiori#BenefitPlan-manage?dest=SUPPORT External URL: https://mysdapps.sandiego.gov/fiori?sap-ushell-config=headerless#BenefitPlan-manage</p>
<p>2. In the My Information tab select Employee Reports tile. Please note that you will need to use Chrome or FireFox browsers.</p>	
<p>3. Select Benefits Participation Overview</p>	
<p>4. If you want to run your <i>current</i> enrollment benefits go to Step 7.</p> <p>To run a confirmation for when <i>future</i> benefits will be in effect (i.e. for New Hires or Open Enrollment), click on the Period selection window and follow the steps below.</p>	

5. Click on Key Date field

6. In the Key Date field, add date of 8/1 for current enrollment year. If you are a new hire or a newly benefits-eligible employee, then enter the date of the first of the month you elected benefits to begin.

7. In the bottom right-hand corner of the screen hover over the  button and select Execute.

8. A new window will populate with your Benefits Confirmation statement as of the date you entered in the Key Date field.

The City of SAN DIEGO Employee Name Jane Smith Personnel Number 12345 Flex Credit 740.46 As of 08/01/2019

Medical/Dental/Vision Plans					
Plan Type	Plan Name	Option	Coverage	Pre-Tax	Post-Tax
Dental Plans	Concordia DHMO Dental Plan	DHMO	Emp & Children	9.94	0.00
Medical Plans	Sharp Select HMO Med Plan	HMO	Family	611.51	0.00
Vision Plans	COSD VSP Vision	VPPO	Emp & SP/DP	5.05	0.00

Dental Plans	
Name	Relation
#2 Son Smith	Child
Forgotten Son Smith	Child

Medical Plans	
Name	Relation
#1 Son Smith	Child
#2 Son Smith	Child

Vision Plans	
Name	Relation
Spouse Smith	Spouse

Savings Plans					
Plan Name	Start on	%	Amount	%	Amount
		Pre-Tax Contributions		Post-Tax Contributions	
401(k) Savings Plan	07/01/2019	0.00	25.00	0.00	0.00
SPSP Mandatory Plan	03/19/2018	3.00	0.00	0.00	0.00
SPSP Voluntary Post 6/30/86	04/10/2018	0.00	0.00	3.05	0.00

Savings Plan Beneficiaries		
401(k) Savings Plan		
Name	%	Contingent
Spouse Smith	100	

SPSP Mandatory Plan		
Name	%	Contingent
Spouse Smith	100	

9. To save or print your statement hover over the  button and select the print icon.



10. Move your cursor to the upper right-hand corner of the screen and select the download or print button.

Note: if you don't see the icons move your cursor to the top of the screen.

