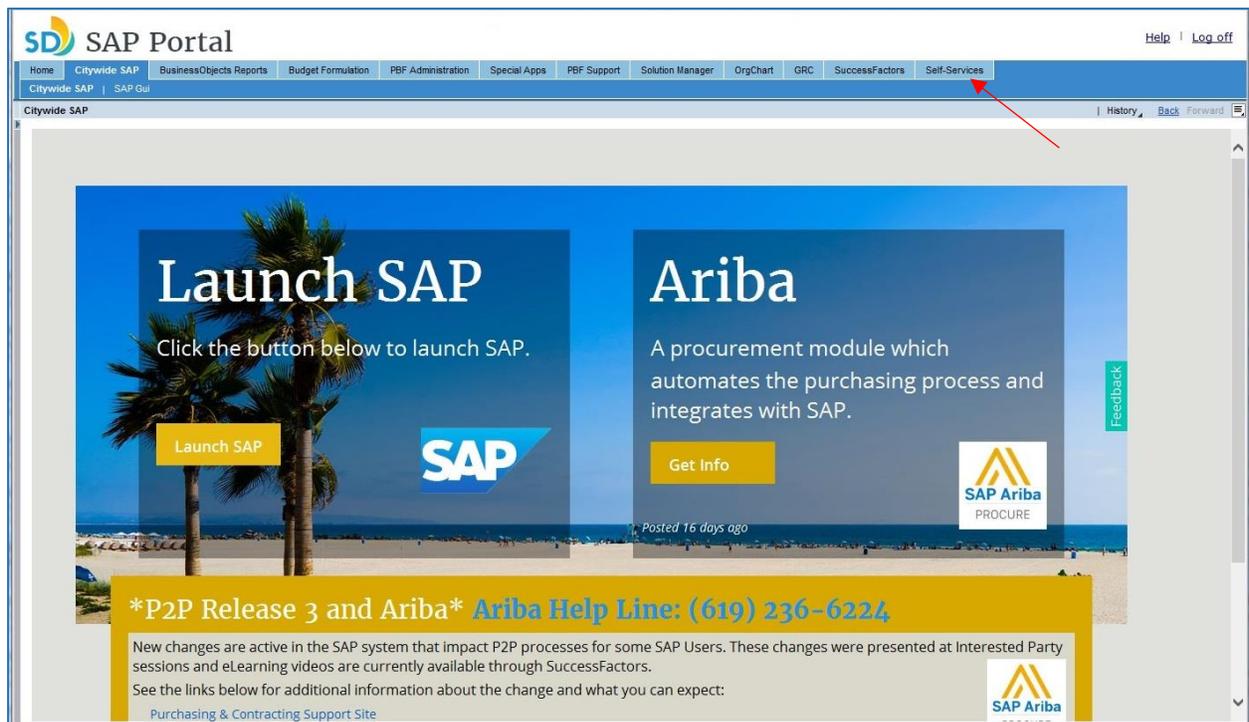
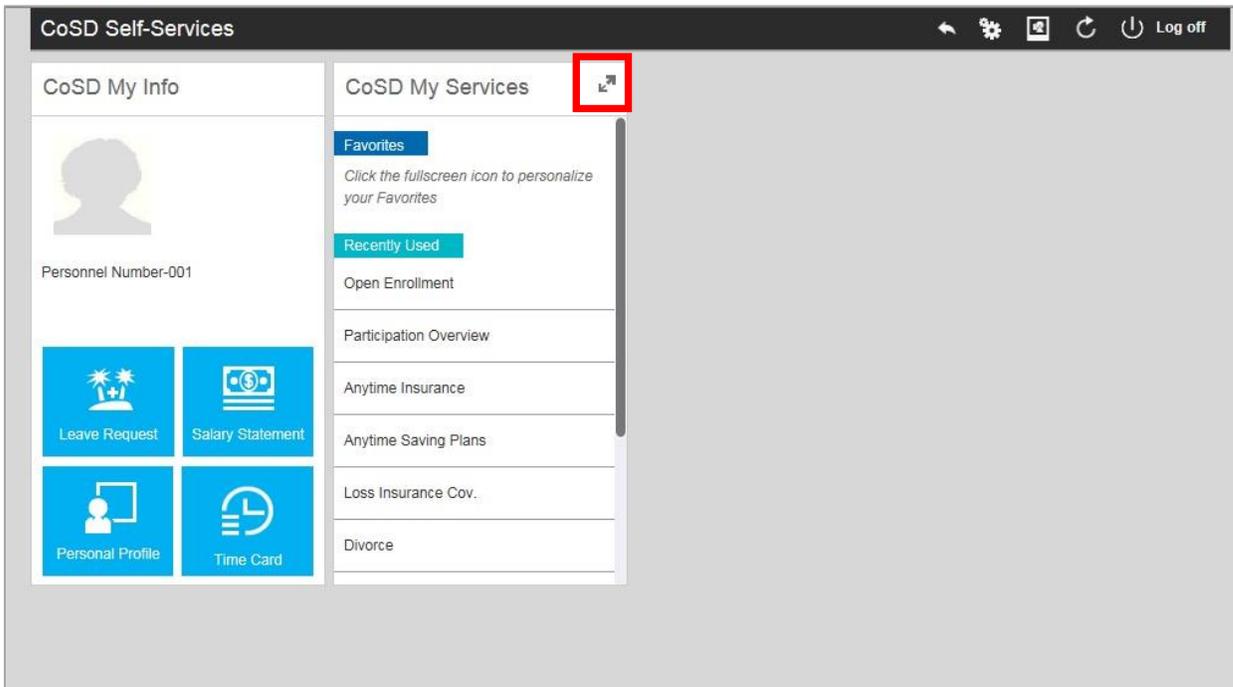


Instructions for Acknowledging *Benefits Consent Form* in SAP Self-Services

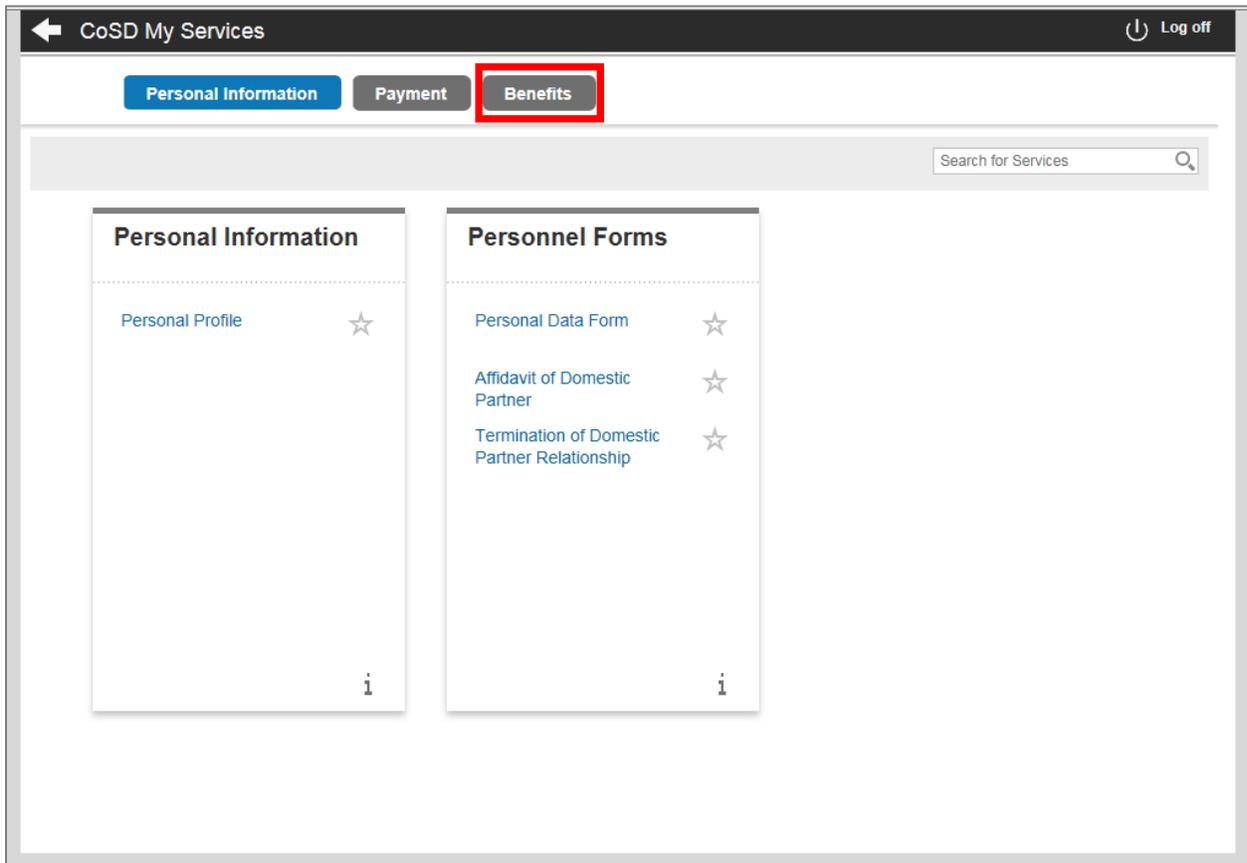
1. Click on the Self-Services tab in the SAP Portal.



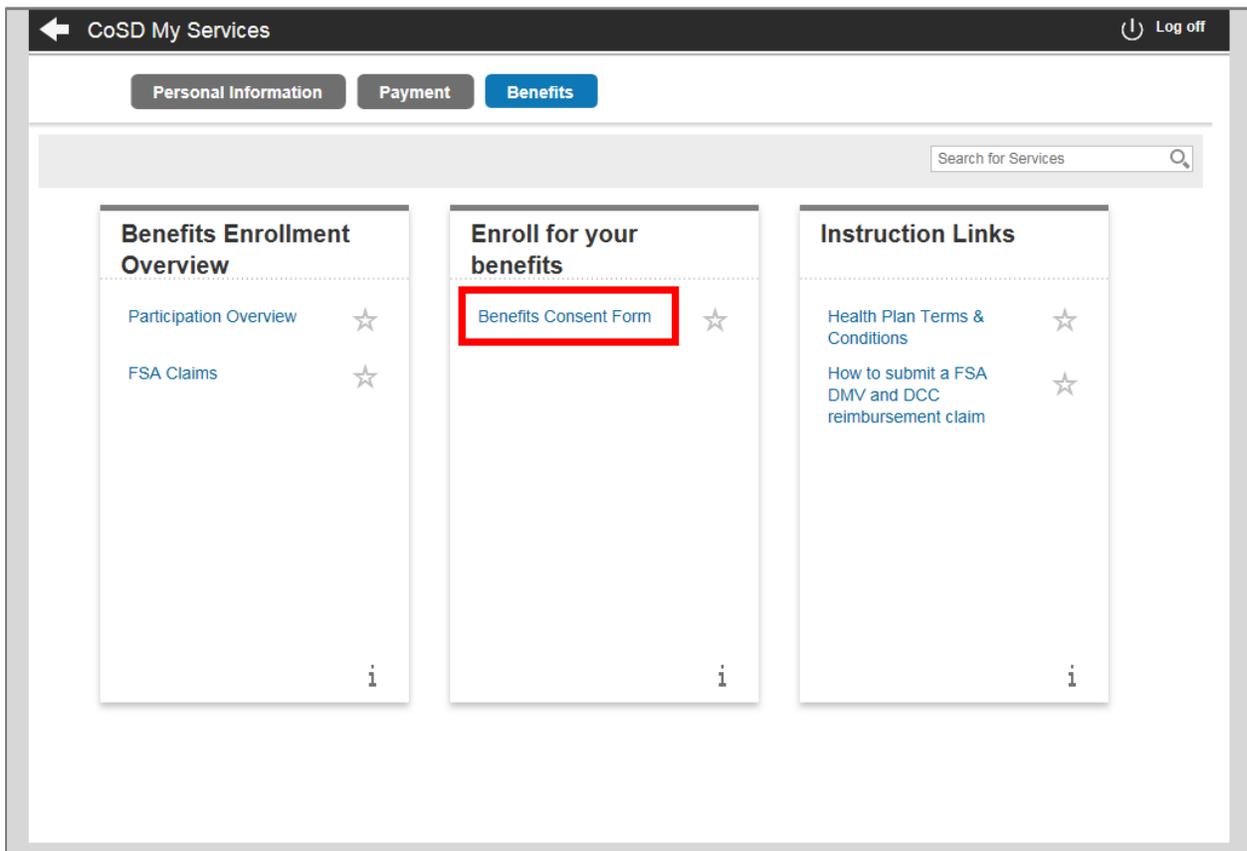
2. Click on the double-arrows on the "CoSD My Services" tile (shown in the red box below) to switch to full screen mode.



3. Once in the CoSD My Services expanded page, click on the Benefits tab shown below.



- Once on the Benefits screen, you should see a link for the Benefits Consent Form in the "Enroll for your benefits" column, as shown in the screenshot below.



5. Read the Terms and Conditions, then click the Accept button.

Benefits Consent

Terms and Conditions

City of San Diego - Benefits consent form

City of San Diego's Benefits Consent form is presented below. You are requested to read through it and acknowledge by checking the checkbox at the end of the form.

As a City employee, in order for you to proceed with Time Entry and Benefits enrollment process, you are required to read and acknowledge the terms and conditions by the City and its insurance providers.

If you don't agree to the terms and conditions of the City's Health Insurance Plan providers, you may purchase your own medical insurance outside the City and submit Proof of Other Health Insurance to waive the City's required enrollment to a Medical insurance.

**HEALTH PLANS TERMS AND CONDITIONS
(MEDICAL, DENTAL OR VISION)**

USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION: I acknowledge and understand that Health Care Providers may disclose health information about me or my dependents, including information regarding substance abuse, mental/emotional conditions, AIDS (Acquired Immune Deficiency Syndrome), or ARC (AIDS Related Complex) to a Health Insurance Provider. The Health Insurance Provider may use and may disclose this information for purposes of treatment, payment and health plan operation, including but not limited to, utilization management, quality improvement, disease or case management programs. The Health Insurance Provider's Notice of Privacy Practices is included in the evidence of coverage or certificate of insurance for coverage underwritten by the Health Insurance Provider. A copy of this Notice may be obtained on the Health Insurance Providers web site.

NOTICE: For your protection California law

Accept Decline

6. A Benefits Summary screen will appear, you will then click the “Next” button.

The screenshot displays a web interface for "Benefits Consent: Step 1 (Benefits Summary)". At the top, there is a navigation bar with a "< Previous" button, a "Next >" button (highlighted with a red box), and a "Save" button. Below the navigation bar is a progress indicator showing two steps: "1 Benefits Summary" (the current step, indicated by a blue square) and "2 Review and Save". The main content area is currently blank.

7. Once on the "Review and Save" screen, click the "Save" button.

The screenshot displays a web interface for "Benefits Consent: Step 2 (Review and Save)". At the top, there is a navigation bar with buttons for "< Previous", "Next >", and a "Save" button with a floppy disk icon, which is highlighted with a red rectangular box. Below the navigation bar is a progress indicator showing two steps: "1 Benefits Summary" and "2 Review and Save". The "2 Review and Save" step is currently active, indicated by a blue square. The main content area of the screen is currently blank.

- On the Benefits Elections Summary, look for the green check mark which confirms that the Benefits Consent Form was saved (even though it states that "No data was changed," as long as the green check mark is there, you have saved the form).

Benefits Consent

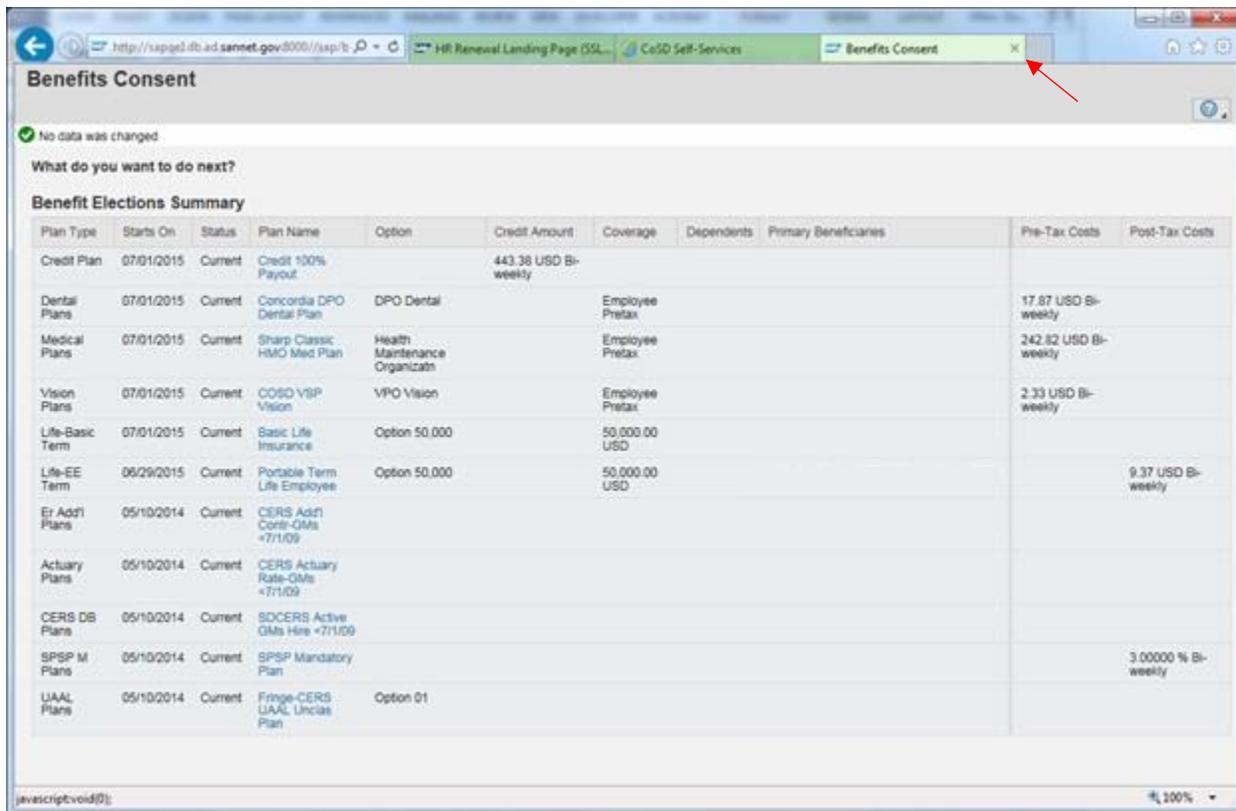
✔ No data was changed ←

What do you want to do next?

Benefit Elections Summary

Plan Type	Starts On	Status	Plan Name	Option	Credit Amount	Coverage	Dependents	Primary Beneficiaries	Pre-Tax Costs	Post-Tax Costs
Credit Plan	07/01/2015	Current	Credit 100% Payout		443.38 USD Bi-weekly					
Dental Plans	07/01/2015	Current	Concordia DPO Dental Plan	DPO Dental		Employee Pretax			17.87 USD Bi-weekly	
Medical Plans	07/01/2015	Current	Sharp Classic HMO Med Plan	Health Maintenance Organizati		Employee Pretax			242.82 USD Bi-weekly	
Vision Plans	07/01/2015	Current	COSD VSP Vision	VPO Vision		Employee Pretax			2.33 USD Bi-weekly	
Life-Basic Term	07/01/2015	Current	Basic Life Insurance	Option 50,000		50,000.00 USD				
Life-EE Term	06/29/2015	Current	Portable Term Life Employee	Option 50,000		50,000.00 USD				9.37 USD Bi-weekly
Er Adstl Plans	05/10/2014	Current	CERS Adstl Contri-GMs <7/1/09							
Actuary Plans	05/10/2014	Current	CERS Actuary Rate-GMs <7/1/09							
CERS DB Plans	05/10/2014	Current	SOCERS Active GMs Hire <7/1/09							
SPSP M Plans	05/10/2014	Current	SPSP Mandatory Plan							3.00000 % Bi-weekly
UAAL Plans	05/10/2014	Current	Fringe-CERS UAAL Uncial Plan	Option 01						

9. Close the Benefits Consent tab in your internet browser.



10. If the Benefits Consent Form still appears on your “CoSD My Services” page, click on the “Payment” tab and then click on the “Benefits” tab again, your enrollment options should then appear under the “Enroll for your benefits” section.

