



# How to Make Status Change Benefit Elections in Employee Self Service

As a newly promoted employee of Columbus City Schools, you are given a 30 day window, from your date of promotion, to enroll in benefits through CCS. Below are instructions on how to make these elections. Please note that your benefits start on the first of the month following 30 days of employment.

## Using ESS to Make Benefit Elections

- Once you have received the email stating that your elections are available, log into ESS
- Click on the Benefits Tab on the Left side of the screen
- You will see your Current Elections and in blue, you'll be able to either decline the benefit, make no changes, or make a new election.
  - Decline Benefit – You will choose this option if you do not want to elect the specific benefit
  - Make New Election – You will choose this option if you'd like to enroll in a new plan or, if you'd like to add or remove a dependent.
  - No Changes – this will not apply to a newly promoted employee – DO NOT CLICK

### Benefits

#### Life Event Benefit Changes

Because of a qualifying life event, you can make changes to your benefits until 5/31/2018. If you make any changes, please click "Continue" to review and submit them.

Benefit	Current Election	Current Election Changes	
HEALTH OPTIONS 26 PAYS	SERS ADMIN-SELECT- FAMILY + SPOUSE 30% \$319.38   details	Election Not Made	<a href="#">Decline benefit</a>   <a href="#">No changes</a>   <a href="#">Make New Election</a>
DENTAL OPTIONS 26 PAYS	DENTAL - FAMILY COVERAGE - SERS ADMIN 26 PAY \$3.27   details	Election Not Made	<a href="#">Decline benefit</a>   <a href="#">No changes</a>   <a href="#">Make New Election</a>
VISION OPTIONS 26 PAYS	VISION- FAMILY COVERAGE - SERS ADMIN 26 PAY \$0.00   details	Election Not Made	<a href="#">Decline benefit</a>   <a href="#">No changes</a>   <a href="#">Make New Election</a>
FSA HEALTH CARE	FSA - FLEX-SPENDHEALTH CARE \$38.47   details	Election Not Made	<a href="#">Decline benefit</a>   <a href="#">Make New Election</a>
FSA DEPENDENT CARE	Declined	Election Not Made	<a href="#">Decline benefit</a>   <a href="#">Make New Election</a>
LIFE OPTIONS 26 PAYS	LIFE - OAPSE LIFE INSURANCE 50K/26 PA \$0.00   details	Election Not Made	<a href="#">Decline benefit</a>   <a href="#">No changes</a>   <a href="#">Make New Election</a>
LIFE EXTRA OPTIONS 26 PAYS	LIFE - OAPSE LIFE INS EXTRA 50K 26PAY \$2.38   details	Election Not Made	Enrollment in this section requires enrollment in LIFE OPTIONS 26 PAYS

- To Make a new election
  - Click "Make New Election" for Health Options
  - Choose the level of coverage you're interested in electing
  - Select the plan you'd like to elect. (if you see an ON B4 2009 or ON B4 2010, only select if you were hired on or before those dates...we know those prices can be tempting)
- To add a dependent to the plan, navigate to the bottom of the screen (right under "decline")
  - If you have chosen a plan that will cover dependents, you will need to add an existing dependent
  - To do this, navigate to the bottom of the page
  - You will see the option to "Add coverage" or "Add new dependent"

HALE, CHRISTIAN N

**Coverage must be added for at least 2 dependents.**

There are no dependents to display.

- If you have a dependent already enrolled, you will see their name in the dropdown box. Choose their name and then click "Add coverage". A box will pop up asking you to verify their information. Make sure that each field with a red asterisk is filled out, then click "OK"

**CHRISTIAN N HALE**

First name \*

Middle initial

Last name \*

Suffix

Date of birth \*

Gender \*

Relationship \*

SSN # (include dashes)

IS THE DEPENDENT CURRENTLY ON YOUR BENEFITS (Y/N)? \*

- Once completed, their name will display under the “Coverage must be added for at least 1 additional dependents” line

[Coverage must be added for at least 1 additional dependents.](#)

Name	Date of Birth	ID	Designation
CHRISTIAN N HALE	1/19/2016	392-██-██	Primary

- If you are adding a new dependent, click “Add new dependent”. A box will pop up advising you to add their information

**Add a new dependent**

First name \*

Middle initial

Last name \*

Suffix

Date of birth \*

Gender \*

Relationship \*

SSN # (include dashes)

IS THE DEPENDENT CURRENTLY ON YOUR BENEFITS (Y/N)? \*

- Fill in the dependent’s information. Make sure that each field with a red asterisk is filled out, then click “OK”
- Their name will now display under the “Coverage must be added for at least 1 additional dependents” line
- Once all dependents have been added, click continue

- Once ALL elections have been made, click continue
- Review your enrollment then submit your choices
- Your confirmation statement will appear. Please print your elections and your confirmation statement for your records.

To ensure that only eligible dependents are covered under our health plans, Columbus City Schools has retained the services of HMS to conduct a dependent eligibility verification project. This program helps companies make sure their plans are compliant, competitive, and cost effective. It helps manage overall plan cost, which benefits all employees. If you have one or more dependents enrolled in the medical plan provided by Columbus City Schools, you will soon be receiving an email requesting you to submit documentation that verifies the eligibility of your dependent(s).

To help you prepare for this, please see the list of acceptable documents below. You may want to gather them in advance of receiving the email from HMS to help ensure a timely response.

DEPENDENT TYPE	DEFINITION	REQUIRED DOCUMENT(S) FOR VERIFICATION
<b>Spouse</b>	A current legal spouse of an eligible CCS employee	<ol style="list-style-type: none"> <li data-bbox="797 705 1446 806">1. Original certified or uncertified copy of marriage certification issued by county registrar – with appropriate signatures (certificates issued by religious institutions will not be accepted) <b>AND</b></li> <li data-bbox="797 806 1446 907">2. <ol style="list-style-type: none"> <li data-bbox="846 816 1446 863">a. Page 1 and signature page of employee's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) listing the spouse; <b>OR</b></li> <li data-bbox="846 932 1446 999">b. Page 1 and Certificate of Electronic Filing of employee's most recent Federal Income Tax Return (1040, 1040A or 1040EZ) listing the spouse</li> </ol> </li> </ol>
<b>Biological, Adopted, Stepchild or Foster child under age 23 for dental and under age 26 for medical and vision</b>	<p>Child can be married or unmarried (child's spouse and any of the child's dependents are not eligible for coverage.) Child does not have to live with parents, be an IRS dependent or a student.</p> <p>-For dental - dependent will be removed the day he/she turns 23            -For medical and vision - dependent removed from coverage at end of month dependent turns 26</p>	<p>Birth Certificate</p> <p>Child Support Court Order</p> <p>Adoption Court Award            Guardianship Court Award (until age 18)</p>
<b>Disabled Coverage Dependents</b>	Opportunity to continue medical coverage only beyond normal age limit	Proof of handicapped status verified by dependent's physician.