



CAL STATE EAST BAY

HUMAN RESOURCES & PAYROLL SERVICES

Sign in to **MYHR**

1. Open your internet browser (Firefox is recommended) and Log in to **MyHR** using your NetID and Password.
2. Click the **SIGN IN** button

New Enrollment

*Benefit eligible employees may enroll themselves and their family members, in the following benefit plans: Medical, Dental, Vision, Medical Flex Cash, Dental Flex Cash, Flexible Spending Health (HCRA) and Flexible Spending Dependent (DCRA). Benefit Enrollments **MUST** be initiated within 60 days of hire.*

1. Once signed in, select the **Employee** tab
2. Click the **New Enrollment** link in the Benefits section
3. Use the drop-down list to indicate your current **Marital Status**.
4. **Medical Plan Selection:** Click the **New Enrollment** or **Decline Coverage** radio button.
 - a. If you are enrolling in medical benefits, you must select a **Medical Plan** from the drop-down list.
 - b. *Eligible employees may wish to decline medical coverage and enroll in **Flex Cash**. Please review the [FlexCash Plan](#) document for information regarding eligibility.*
 - I. To enroll in Medical FlexCash, select the **New Enrollment** radio button.
 - II. Enter the **SSN, Insurance Carrier** and **Policy Number** of plan holder.

5. **Dental Plan Selection:** Click the **New Enrollment** or **Decline Coverage** radio button.
 - a. If you are enrolling in dental benefits, you must select a **Dental Plan** from the drop-down list.

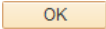
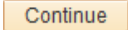
Note: *Delta Care USA – Enhanced enrollees are required to identify a **Primary Office ID Number**, use the [Select a Provider](#) to ensure you’re providing the correct information.*


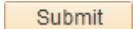
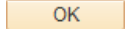
- b. *Eligible employees may wish to decline dental coverage and enroll in **Flex Cash**. Please review the [FlexCash Plan](#) document for information regarding eligibility.*
 - I. To enroll in Dental Flex Cash, select the **New Enrollment** radio button.
 - II. Enter the **SSN, Insurance Carrier** and **Policy Number** of plan holder.

6. **Vision Plan Selection:** Eligible employees will be automatically enrolled in the employer paid basic plan. Employees have the option of enrolling in the VSP Premium Plan which involves a monthly premium. To enroll in the VSP Premium Plan, please visit the [VSP](#) website.

7. **Flex Spending Accounts: Health Care Reimbursement Account (HCRA)** is a voluntary benefit plan which allows you to pay eligible out-of-pocket medical and dental expenses with pre-tax dollars for yourself and your dependents. **Annual re-enrollment during Open Enrollment is required.**
 - a. Click the **New Enrollment** hyperlink
 - b. Enter total **Monthly** contribution

8. **Flex Spending Accounts: Dependent Care Reimbursement Account (DCRA)** is a voluntary benefit plan which allows you to pay day care expenses for children under 13, an incapacitated spouse or other dependent adult that lives with you. **Annual re-enrollment during Open Enrollment is required.**
 - a. Click the **New Enrollment** hyperlink


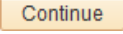
- b. Enter total **Monthly** contribution
9. **Add Dependent(s):** Click the **Add New Dependent** hyperlink
 - a. Enter the **Personal Information** of the dependent
 - b. Select the **Same Address as Employee** checkbox or use the **Edit Address** hyperlink to provide current address
 - c. Select the **Same Phone as Employee** checkbox or enter Phone number in text field
 - d. Click 
 - e. The added dependents will appear in list
 - I. Select **Add** from the drop-down list for relevant plan(s).
 10. Click  to proceed
 11. Review **Effective Date of Coverage** overview.
 12. Review, **Complete** and **Submit** any required **Supporting Documentation to Human Resources, SA 2600** in order to finalize elections.
 13. After you have read the **Disclosure and Privacy** statement, please populate the checkbox.
 14. Review the **Electronic Signature to Authorize Elections** statement

- a. Click 
- b. Click  to submit election request
- c. Information regarding the review period displays, please click  to be redirected to Summary page.

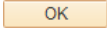


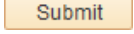
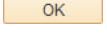
Life Events/Family Status Change

*Details regarding Life Events and qualified Family Status Changes can be found [here](#). Similar to that of your initial enrollment, all Life Events/Family Status Changes **MUST** be reported within 60 days of the event.*

1. Once signed in, select the **Employee** tab
2. Click the **Life Event** link in the Benefits section

3. Use the drop-down list to indicate your **Life Event Type**
4. Use the drop-down list to provide details regarding the specific **Life Event**
5. Enter the appropriate **Event Date**
6. Click 
7. Please review the **Life Event Rules** page for details regarding plan change eligibility for the most commonly reported life events. Please contact the [Benefits](#) Office for details regarding life events not listed.
8. Click 
9. Use the drop-down list to provide current **Marital Status**
10. **Medical Plan Selection:** click the appropriate radio button based on life event:
 - a. **No Change:** no changes to current plan
 - b. **Add/Del Dependent:** add or delete dependent
 - c. **New Enrollment:** plan enrollment
 - d. **Cancel Enrollment:** cancel coverage
 - e. **Decline Coverage:** forgo benefit option
11. *Eligible employees may wish to decline medical coverage and enroll in **Flex Cash**.* Please review the [FlexCash Plan](#) document for information regarding eligibility.
 - a. **No Change:** no change to current plan
 - b. **New Enrollment:** plan enrollment
 - i. Enter the **SSN, Insurance Carrier and Policy Number** of *plan holder*.
 - c. **Cancel Enrollment:** cancel coverage
 - d. **Decline Coverage:** forgo benefit option
12. **Dental Plan Selection:** click the appropriate radio button based on life event:
 - a. **No Change:** no changes to current plan
 - b. **Add/Del Dependent:** add or delete dependent
 - c. **New Enrollment:** plan enrollment
 - d. **Cancel Enrollment:** cancel coverage
 - e. **Decline Coverage:** forgo benefit option

13. *Eligible employees may wish to decline dental coverage and enroll in **Flex Cash**.* Please review the [FlexCash Plan](#) document for information regarding eligibility.
 - a. **No Change:** no change to current plan
 - b. **New Enrollment:** plan enrollment
 - i. Enter the **SSN, Insurance Carrier and Policy Number** of *plan holder*.
 - c. **Cancel Enrollment:** cancel coverage
 - d. **Decline Coverage:** forgo benefit option
14. **Vision Plan:** Eligible employees will be automatically enrolled in the employer paid basic plan. Employees have the option of enrolling in the VSP Premium Plan which involves a monthly premium. To enroll in the VSP Premium Plan, please visit the [VSP](#) website.
15. **Flex Spending Accounts: [Health Care Reimbursement Account \(HCRA\)](#)**
Select the appropriate radio button based on life event:
 - a. **No Change:** no change to existing coverage
 - b. **New Enrollment:** establish new monthly deduction
 - c. **Change Monthly Amount:** alter monthly deduction
 - d. **Cancel Enrollment:** cancel monthly deduction
16. **Flex Spending Accounts: [Dependent Care Reimbursement Account \(DCRA\)](#)**
Select the appropriate radio button based on life event:
 - a. **No Change:** no change to existing coverage
 - b. **New Enrollment:** establish new monthly deduction
 - c. **Change Monthly Amount:** alter monthly deduction
 - d. **Cancel Enrollment:** cancel monthly deduction

15. **Add Dependent(s):** Click the **Add New Dependent** hyperlink
 - a. Enter the **Personal Information** of the dependent
 - b. Select the **Same Address as Employee** checkbox or use the **Edit Address** hyperlink to provide current address
 - c. Select the **Same Phone as Employee** checkbox or enter Phone number in text field
 - d. Click 
 - e. The dependent summary displays
 - i. Select the appropriate plan action from the drop-down list for relevant plan(s).
 - **Add**
 - **No Change**
 - **Remove**
16. Click  to proceed
17. Review **Effective Date of Coverage** overview.
18. Review, **Complete** and **Submit** any required **Supporting Documentation** to **Human Resources, SA 2600** in order to finalize elections.
19. After you have read the **Disclosure and Privacy** statement, please populate the checkbox.
20. Review the **Electronic Signature to Authorize Elections** statement
 - a. Click 
 - b. Click  to submit election request
 - c. Information regarding the review period displays, please click  to be redirected to Summary page

If you have questions regarding benefits please contact Diane Salim at (510) 885-2549 or send your health benefit related email to HR@csueastbay.edu