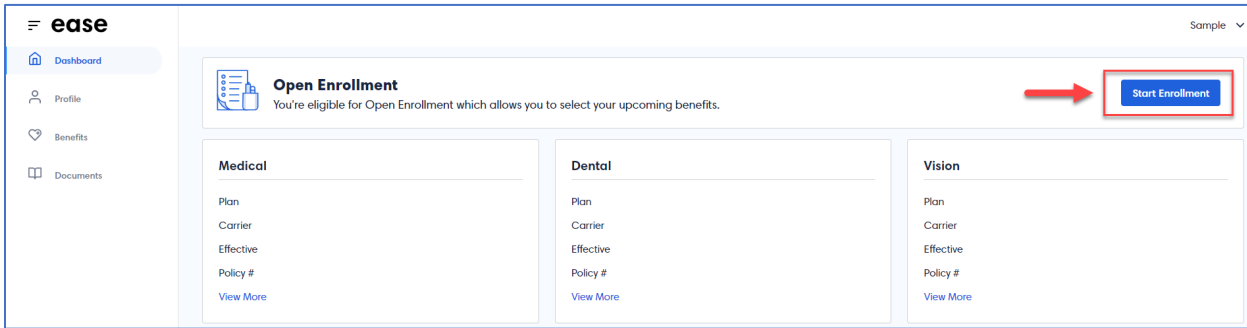


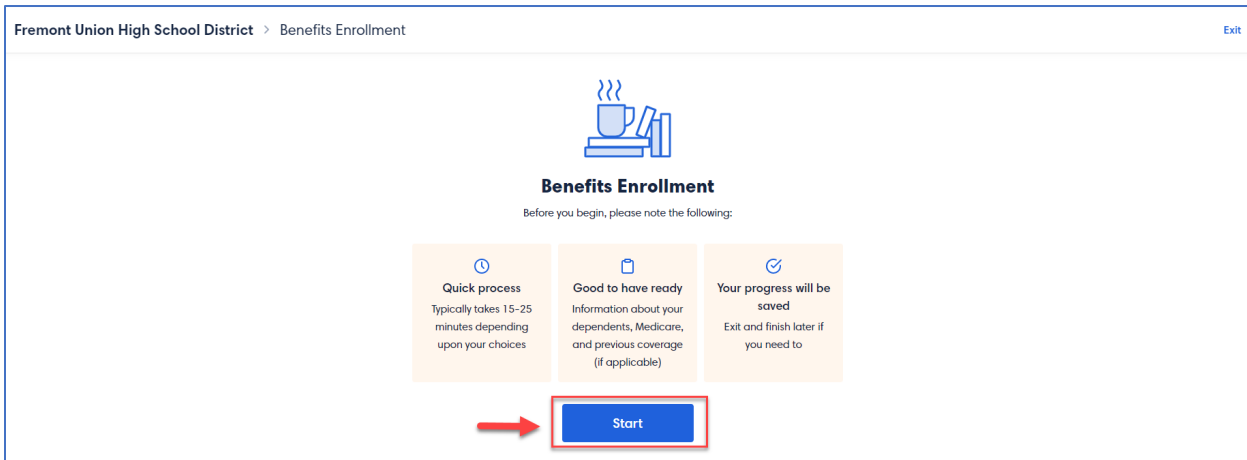
Ease – Open Enrollment

From your Dashboard

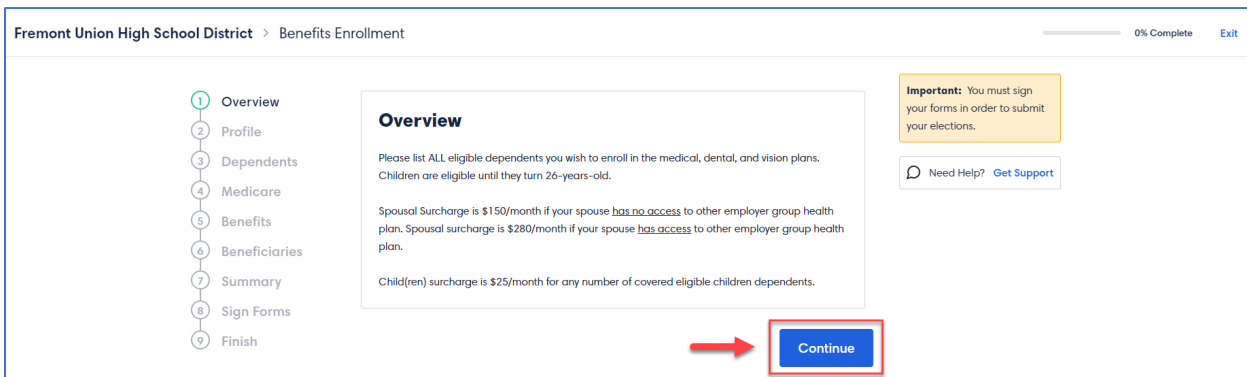
Click **Start Enrollment**.



Click **Start**.



Review the **Overview** message. Click **Continue**.



Ease - Open Enrollment

PROFILE

Enter/Update **Personal Information**.

- The fields marked with an * are required.

Click **Continue**.

Fremont Union High School District > Benefits Enrollment 13% Complete [Exit](#)

- 1 Overview
- 2 Profile
- 3 Dependents
- 4 Medicare
- 5 Benefits
- 6 Beneficiaries
- 7 Summary
- 8 Sign Forms
- 9 Finish

Personal Information

First Name * Middle Name

Last Name *

Sex * Gender Identity

Birth Date *

SSN *

Marital Status *

Disabled? *

Important: You must sign your forms in order to submit your elections.

[Need Help?](#) [Get Support](#)

DEPENDENTS

Update or add dependents.

To add a new dependent, click **Add**. Enter the dependent information and click **Add Dependent**.

Click **Continue**.

Fremont Union High School District > Benefits Enrollment 25% Complete [Exit](#)

- 1 Overview
- 2 Profile
- 3 Dependents
- 4 Medicare
- 5 Benefits
- 6 Beneficiaries
- 7 Summary
- 8 Sign Forms
- 9 Finish

Dependents

If you have any dependents (e.g. spouse, domestic partner, children) please add them here. If you do not have any dependents please click 'Continue'.

Spouse Test
Spouse - 1/1/1980 [Edit](#)

Add a Dependent [Add](#)

[Continue](#)

[Need Help?](#) [Get Support](#)

Ease – Open Enrollment

BENEFITS

To enroll, click the checkmark in **Specify your coverage**. **Enrolled**

To waive coverage, click the **x** in **Specify your coverage**. **Waived**

- Choose **Waive Reason**

Select the plan and make your election. Click **Continue**.

Repeat for all plan types.

Fremont Union High School District > Benefits Enrollment 50% Complete [Exit](#)

- 1 Overview
- 2 Profile
- 3 Dependents
- 4 Medicare
- 5 Benefits**
 - Medical**
 - Cost
 - Health Savings Account
 - Dental
 - Life/AD&D
 - Supplemental Life
 - Short Term Disability
 - Long Term Disability
 - FSA Health Care
 - FSA Dependent Care
 - Transit
 - Parking
 - EAP
- 6 Beneficiaries
- 7 Summary
- 8 Sign Forms
- 9 Finish

Medical Plan

You have 3 Health Plan Options:

- OPTION 1: Elect Medical, Dental, Vision, Life, and EAP (your enrolled dependents will also be enrolled on the same medical, dental, vision & EAP plan)
- OPTION 2: Elect Dental, Vision, Life, and EAP (your enrolled dependents will also be enrolled on the same dental, vision & EAP plan)
- OPTION 3: Waive ALL Health Benefits (waiving medical, dental, vision & life benefits)

Specify your coverage

Select Enrolled or Waived for each eligible member below.

| | |
|--------------------------------|--|
| Sample Test Employee | Please Select <input checked="" type="checkbox"/> <input type="checkbox"/> |
| Spouse Test Spouse | Please Select <input checked="" type="checkbox"/> <input type="checkbox"/> |

Select your plan

The cost below is the employee cost deducted on a Per Pay Period (Monthly) basis.

| | |
|---|---|
| Kaiser Permanente Kaiser HMO Employee | \$0.00 Per Pay Period <input type="button" value="Current Plan"/> |
| Anthem BC of California Anthem HDHP Documents Benefit Summary - Anthem HDHP 2022-01 SBC - Anthem HDHP 2022-01 <p>IF YOU ARE APPLYING FOR COVERAGE, PLEASE NOTE THAT ANTHEM BLUE CROSS AND ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY REQUIRE BINDING ARBITRATION TO SETTLE ALL DISPUTES INCLUDING BUT NOT L...</p> Show More | \$150.00 Per Pay Period <input checked="" type="button" value="Selected"/> |

Important: You must sign your forms in order to submit your elections.

Benefits Summary

Employee Cost Per Pay Period (Monthly)

| | |
|------------------------|----------|
| Medical | \$150.00 |
| Cost | \$130.00 |
| Health Savings Account | \$0.00 |

Ease – Open Enrollment

Spousal Affidavit: If enrolling a spouse or domestic partner in medical coverage, you will be prompted to indicate if your spouse/DP has access to their employer's group health plan. If you mark 'Yes', you will be charged the surcharge for covering your spouse/DP.

- 1 Overview
- 2 Profile
- 3 Dependents
- 4 Medicare
- 5 Benefits**
 - Medical
 - Dental
 - Life/AD&D
 - Supplemental Life
 - Short Term Disability
 - Long Term Disability
 - FSA Health Care
 - FSA Dependent Care
 - Transit
 - Parking
 - EAP
- 6 Beneficiaries
- 7 Summary

Medical Plan

You have 3 Health Plan Options:

- OPTION 1: Elect Medical, Dental, Vision, Life, and EAP (your enrolled dependents will also be enrolled on the same medical, dental, vision & EAP plan)
- OPTION 2: Elect Dental, Vision, Life, and EAP (your enrolled dependents will also be enrolled on the same dental, vision & EAP plan)
- OPTION 3: Waive ALL Health Benefits (waiving medical, dental, vision & life benefits)

Spousal Affidavit: If covering your spouse/DP on the medical plan and your spouse/DP has access to other employer sponsored group medical coverage, select 'yes' from the dropdown for question "is your spouse eligible for coverage through their employer's group health plan". By marking yes, you will be charged the additional spousal surcharge.

Specify your coverage

Select Enrolled ✓ or Waived ✗ for each eligible member below.

| | |
|--------------------------------|--------------|
| Sample Test Employee | Enrolled ✓ ✗ |
| Spouse Test Spouse | Enrolled ✓ ✗ |

Is your spouse eligible for coverage through their employer's group health plan? *

Select ▼

Yes

No

Benefits Summary

Employee Cost Per Pay Period (Monthly)

| | |
|--------------------------|---------------|
| Medical | |
| Total | \$0.00 |
| Per Pay Period (Monthly) | |

Need Help? [Get Support](#)

Ease - Open Enrollment

Ease – Open Enrollment

Pre-Tax plans: If electing coverage, please enter your desired contribution. You are required to make a NEW FSA and HSA election each year. Elections from the prior year do not continue into the new year.

Fremont Union High School District > Benefits Enrollment

50% Complete [Exit](#)

- 1 Overview
- 2 Profile
- 3 Dependents
- 4 Medicare
- 5 Benefits**
- Medical
- Cost
- Dental
- Vision
- Life/AD&D
- Supplemental Life
- Short Term Disability
- Long Term Disability
- FSA Health Care**
- FSA Dependent Care
- Transit
- Parking
- EAP
- 6 Beneficiaries
- 7 Summary
- 8 Sign Forms
- 9 Finish

FSA Health Care Plan

This account is used for medically necessary health care expenses not fully reimbursed by an insurance plan or any other source.

You can claim expenses incurred by you, your spouse or any of your eligible dependents (regardless of whether you or your dependents are covered under the medical plan offered by your employer).

If you are enrolled in the Anthem HDHP or Kaiser HDHP plan and you opt into the Health FSA, your Health FSA will be deemed limited purpose. This means that you may not use your Health FSA for healthcare related expenses until you have paid \$1,400 (single coverage) or \$2,800 (family coverage) in healthcare expenses first. Once you have met the threshold, additional healthcare expenses may be reimbursed from the Health FSA. You may use the Health FSA for dental and vision expenses at any time.

Specify your coverage

Select Enrolled or Waived for each eligible member below.

Sample Test
Employee

Enrolled

Annual Contribution Details

Your Contribution *

\$0.00

Your annual contribution cannot exceed \$2,850. Deductions will be based off of 10 deduction periods.

You will have contributed \$0.00 to this plan by 1/1/2022.

Select your plan

The cost below is the employee cost deducted on a Per Pay Period (Monthly) basis.

Vita Companies

Health FSA 2022

Documents

- [2022 Vita Flex FSA New Hire Guidelines](#)
- [2022 Vita Flex FSA Plan Detail Sheet](#)

I have read and understand the Vita Flex Plan guidelines as outlined in the Summary Plan Description and I understand the restrictions that apply to eligible expense reimbursement requests. I und...

[Show More](#)

\$0.00

Per Pay Period

Selected

Benefits Summary

Employee Cost Per Pay Period (Monthly)

| | |
|-----------------------|----------|
| Medical | \$150.00 |
| Cost | \$130.00 |
| Dental | \$0.00 |
| Vision | \$0.00 |
| Life/AD&D | \$0.00 |
| Supplemental Life | Waived |
| Short Term Disability | \$0.00 |
| Long Term Disability | \$0.00 |
| FSA Health Care | \$0.00 |

Total **\$280.00**
Per Pay Period (Monthly)

[Need Help?](#) [Get Support](#)

The current election is effective 1/1/2022
The current election activity date is 1/1/2022

[Continue](#)

Ease - Open Enrollment

BENEFICIARIES

Update and add your beneficiaries.

To add a new beneficiary, click **Add**. Enter the beneficiary information and click **Add Beneficiary**. Click **Continue**.

Fremont Union High School District > Benefits Enrollment 63% Complete [Exit](#)

[Need Help?](#) [Get Support](#)

- Overview
- Profile
- Dependents
- Medicare
- Benefits
- Beneficiaries**
- Summary
- Sign Forms
- Finish

Beneficiaries

Specify your beneficiaries for each plan type below.

Your beneficiary can be the person or persons for whom you wish to provide financial protection in the event of your death.



You can name as many beneficiaries as you want, subject to the policy. The beneficiary to whom the proceeds go first is called the primary beneficiary (required). Secondary beneficiaries (optional) are entitled to the proceeds only if they survive both you and the primary beneficiary.

If you name multiple beneficiaries, you must also specify how much each beneficiary will receive. The totals of which must add up to 100%.

If you do not want to name an individual or entity as your beneficiary, you may prefer to name your estate or a trust as your beneficiary. The proceeds will then be distributed with your other assets according to your will if a valid, legal trust exists at the time of your death.

Life/AD&D Plan

| Name | Primary (Required) | Secondary (Optional) |
|------------------------------|-----------------------------------|---------------------------------|
| Spouse Test Spouse | <input type="text" value="100%"/> | <input type="text" value="0%"/> |
| Total Percentage | 100% | 0% |

Add a Beneficiary  

SUMMARY

Review your **Benefit Summary**. Click **Continue**.

If missing information is noted, click to review as needed. Click **Continue**.

Fremont Union High School District > Benefits Enrollment 75% Complete [Exit](#)

- Overview
- Profile
- Dependents
- Medicare
- Benefits
- Beneficiaries
- Summary**
- Sign Forms
- Finish

Benefit Summary

Review your benefit elections. If you need to make changes, click 'Edit'. Otherwise, click 'Continue' and sign your forms. You may also [print your summary](#).

The cost below is the employee cost deducted on a *Per Pay Period (Monthly)* basis.

Important: You must sign your forms in order to submit your elections.

[Need Help?](#) [Get Support](#)

Medical

Anthem BC of California
Anthem PPO
Employee, Spouse

\$150.00
Per Pay Period (Monthly)

Effective: 1/1/2022

Ease – Open Enrollment

SIGN FORMS

Click **Sign Forms**.

The screenshot shows the 'Benefits Enrollment' page for Fremont Union High School District. A progress bar at the top right indicates '88% Complete'. On the left, a vertical navigation menu lists steps 1 through 9: Overview, Profile, Dependents, Medicare, Benefits, Beneficiaries, Summary, Sign Forms (highlighted with a green circle), and Finish. The main content area is titled 'Sign Forms' and contains the text: 'You are required to review and sign your forms before your information can be submitted. Click 'Sign Forms' below.' Below this text is a light blue box with a clipboard icon and a blue button labeled 'Sign Forms', which is highlighted with a red box and a red arrow pointing to it. To the right, there is an 'Important!' warning box stating 'You must sign your forms in order to submit your elections.' and a 'Need Help? Get Support' link.

Type your full name as it appears in **Create your signature**. Click **Next**.

The screenshot shows the 'Create your signature' step. At the top, it says '< Back' and '4 signatures remaining (14 pages)'. The main heading is 'Create your signature' with the instruction 'Start typing your full name as it appears below.' Below this is a text input field containing the signature 'Sample Test'. To the right of the input field is a blue 'Next' button, highlighted with a red box and a red arrow. Below the input field, there is a security notice: 'SHA-256 with RSA Encryption' and 'I understand this is a legal representation of my signature.' The background is a greyed-out version of the enrollment page with 'IMPORTANT:' and 'FORMS' visible.

Using your mouse or touch screen, add a hand-drawn signature (*some carriers require hand-drawn signatures*). Click **Next**.

The screenshot shows the 'Create your signature' step for a hand-drawn signature. At the top, it says '< Back' and '4 signatures remaining (14 pages)'. The main heading is 'Create your signature' with the instruction 'Some carriers require a hand-drawn signature. Please draw your signature in the box below.' Below this is a text input field with a 'clear' link and a dotted line for a signature. To the right of the input field is a blue 'Next' button, highlighted with a red box and a red arrow. Below the input field, there is a security notice: 'SHA-256 with RSA Encryption' and 'I understand this is a legal representation of my signature.' The background is a greyed-out version of the enrollment page with 'IMPORTANT:' and 'FORMS' visible.

Ease – Open Enrollment

Review forms for completeness and accuracy. Click **Next**.

< Back 4 signatures remaining (14 pages)

Review & Sign Forms

Please review all of the information presented for completeness and accuracy.

When you are ready, sign each section by tapping on the green signature prompts. If at any time you feel like you need to make changes, you can return by clicking 'Back' above. For additional help, please reach out to your HR administrator.

SHA-256 with RSA Encryption
I understand this is a legal representation of my signature.

Next

IMPORTANT:

The purpose of this online system is to help you easily complete several different forms. It is important that you review each form to make sure that they are completed accurately.

Please review the questions as asked on each form and make sure that the correct answer has been provided. While

Tap each green signature prompt as they appear.

< Back 3 signatures remaining (14 pages)

I certify each Social Security number listed on this application is correct.

REQUIREMENT FOR BINDING ARBITRATION (Not applicable to Life and Disability coverage)

ALL DISPUTES BETWEEN YOU AND ANTHEM BLUE CROSS AND/OR ANTHEM BLUE CROSS LIFE AND HEALTH INSURANCE COMPANY (ANTHEM), INCLUDING BUT NOT LIMITED TO DISPUTES RELATING TO THE DELIVERY OF SERVICE UNDER THE PLAN/POLICY OR ANY OTHER ISSUES RELATED TO THE PLAN/POLICY AND CLAIMS OF MEDICAL MALPRACTICE, MUST BE RESOLVED BY BINDING ARBITRATION, IF THE AMOUNT IN DISPUTE EXCEEDS THE JURISDICTIONAL LIMIT OF SMALL CLAIMS COURT AND THE DISPUTE CAN BE SUBMITTED TO BINDING ARBITRATION UNDER APPLICABLE FEDERAL AND STATE LAW, INCLUDING BUT NOT LIMITED TO, THE PATIENT PROTECTION AND AFFORDABLE CARE ACT. California Health and Safety Code Section 1363.1 and Insurance Code Section 10123.19 require specified disclosures in this regard, including the following notice: *It is understood that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as permitted and provided by federal and California law, including but not limited to, the Patient Protection and Affordable Care Act, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. YOU AND ANTHEM AGREE TO BE BOUND BY THIS ARBITRATION PROVISION. YOU ACKNOWLEDGE THAT FOR DISPUTES THAT ARE SUBJECT TO ARBITRATION UNDER STATE OR FEDERAL LAW THE RIGHT TO A JURY TRIAL, THE RIGHT TO A BENCH TRIAL UNDER CALIFORNIA BUSINESS AND PROFESSIONS CODE SECTION 17200, AND/OR THE RIGHT TO ASSERT AND/OR PARTICIPATE IN A CLASS ACTION ARE ALL WAIVED BY YOU. Enforcement of this arbitration clause, including the waiver of class actions, shall be determined under the Federal Arbitration Act ("FAA"), including the FAA's preemptive effect on state law. By providing your "handwritten or electronic" signature below, you acknowledge that such signature is valid and binding.*

SIGN HERE :))

Applicant _____ Date (MM/DD/YY) _____

Once complete, click **Finish Signing**.

< Back 0 signatures remaining (14 pages)

IMPORTANT: CAREFULLY REVIEW YOUR FORMS

The purpose of this online system is to help you easily complete several different forms. It is important that you review each form to make sure that they are completed accurately.

Finish Signing

Ease – Open Enrollment

FINISH

You will see the message below once your enrollment is submitted. **If you do not get to this step, your election will not be processed.**

Optional: add star rating and comments, then click **Submit Feedback**. Otherwise, click **Finish**.

Fremont Union High School District > Benefits Enrollment

100% Complete **Finish**

Need Help? Get Support

1 Overview
2 Profile
3 Dependents
4 Medicare
5 Benefits
6 Beneficiaries
7 Summary
8 Sign Forms
9 **Finish**

Congratulations! Your enrollment elections have been submitted for review.

How was your enrollment experience?
★★★★★

Tell us about your experience

Submit Feedback

Click drop arrow next to name in upper right corner. Click **Logout**.

ease

Dashboard

Profile

Benefits

Documents

Open Enrollment

You can continue to make upcoming benefit changes during Open Enrollment.

Medical Dental Vision

Sample

Sample Test

Settings

Help

Logout