

PeopleSoft Human Resources 9.2

Employee Self-Service

Enrolling in Medical & Dental Coverage

- *Benefit questions - Contact the Benefits Office at 301-644-5080 or email benefits.office@fcps.org
- *Pay Advice questions - Contact Payroll Office at 301-644-5048 or email karen.linton@fcps.org
- *PeopleSoft HR program not working properly - Contact PeopleSoft Help Desk at BSG.Helpdesk@fcps.org

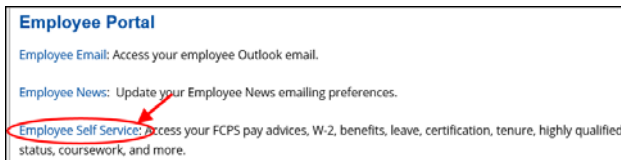
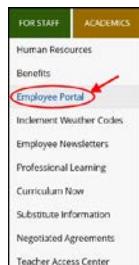
Log into PeopleSoft HR through Employee Self-Service

1. Go to www.fcps.org

2. Click **For Staff** menu tab.

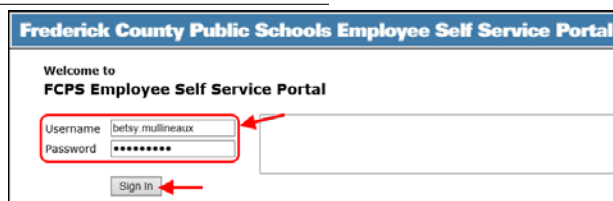


3. Click on **Employee Portal**

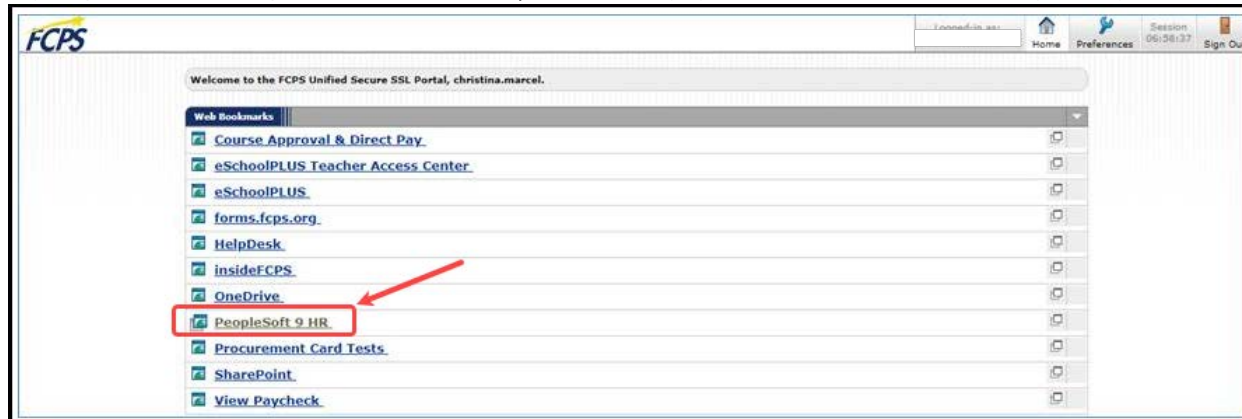


4. Click on **Employee Self Service** link

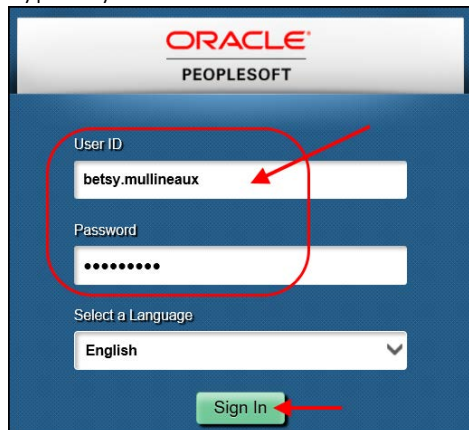
5. Type in your email **Username** and **Password**. Click **Sign In**



6. If you get the following screen, click on **PeopleSoft 9 HR** (if you don't see this screen, skip to #7)

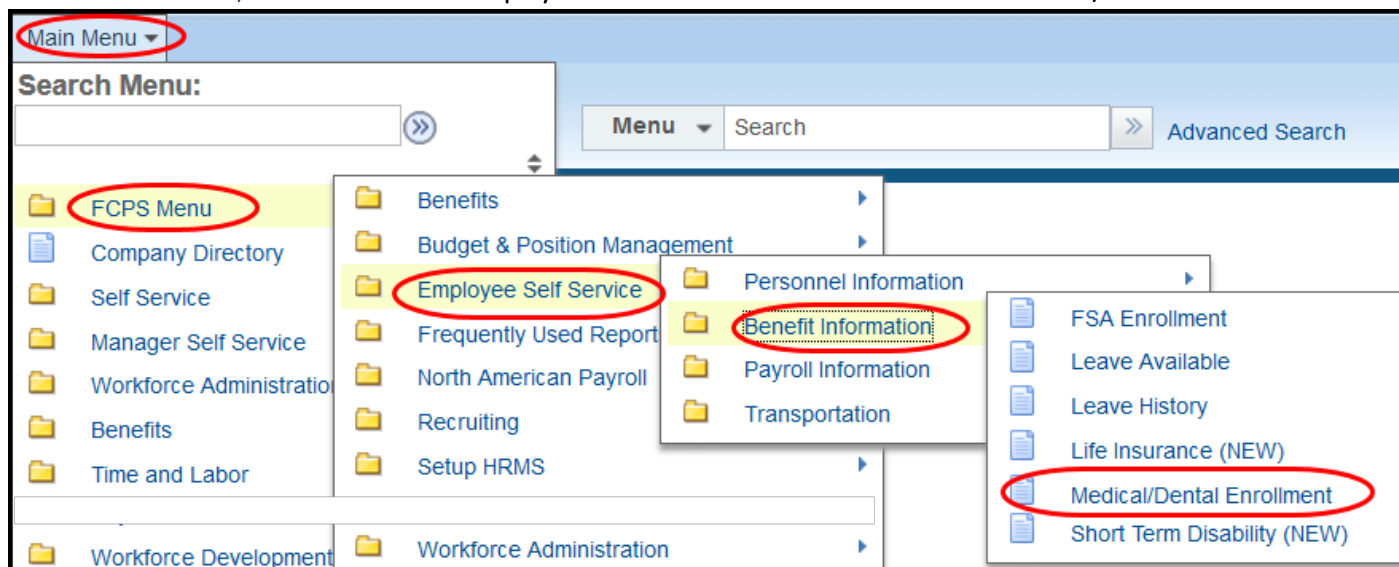


7. Type in your email **Username** and **Password**. Click **Sign In**



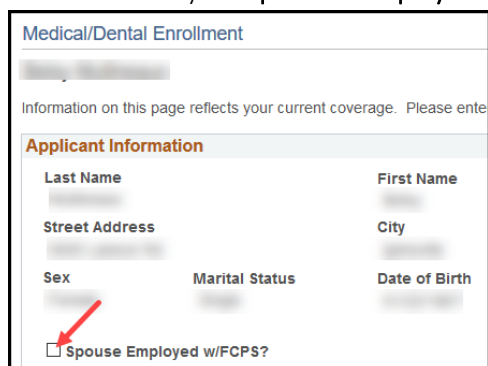
The screenshot shows the Oracle PeopleSoft sign-in interface. The 'User ID' field contains 'betsy.mullineaux' and the 'Password' field is masked with dots. A red circle highlights both fields, with a red arrow pointing to the 'User ID' field. Below the password field is a 'Select a Language' dropdown menu set to 'English'. At the bottom, a green 'Sign In' button is highlighted with a red arrow.

8. From the **Menu Bar**, click **FCPS Menu > Employee Self Service > Benefit Information > Medical/Dental Enrollment**



The screenshot shows the navigation path through the PeopleSoft menu system. The 'Main Menu' dropdown is open, showing 'FCPS Menu' circled in red. The 'FCPS Menu' dropdown is open, showing 'Employee Self Service' circled in red. The 'Employee Self Service' dropdown is open, showing 'Benefit Information' circled in red. The 'Benefit Information' dropdown is open, showing 'Medical/Dental Enrollment' circled in red. The 'Medical/Dental Enrollment' dropdown is open, showing 'Short Term Disability (NEW)' circled in red.

9. Click the box if your **Spouse is Employed w/FCPS**



The screenshot shows the 'Medical/Dental Enrollment' form. The 'Applicant Information' section includes fields for 'Last Name', 'First Name', 'Street Address', 'City', 'Sex', 'Marital Status', and 'Date of Birth'. At the bottom, there is a checkbox labeled 'Spouse Employed w/FCPS?' which is highlighted with a red arrow.

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10. The radio button next to **New Applicant** will already be selected. Make your coverage selections under the **Medical Coverage** and **Dental Coverage** sections by clicking the radio buttons.



Medical Coverage

☒ New Applicant ☐ Coverage Change ☐ Waive Coverage?

Employee Coverage

☐ Individual ☐ Employee + One Dependent ☐ Family

| Name | Relationship | Coverage Election | Medicare Eligible? |
|------|--------------|-------------------|--------------------|
|------|--------------|-------------------|--------------------|

Dental Coverage

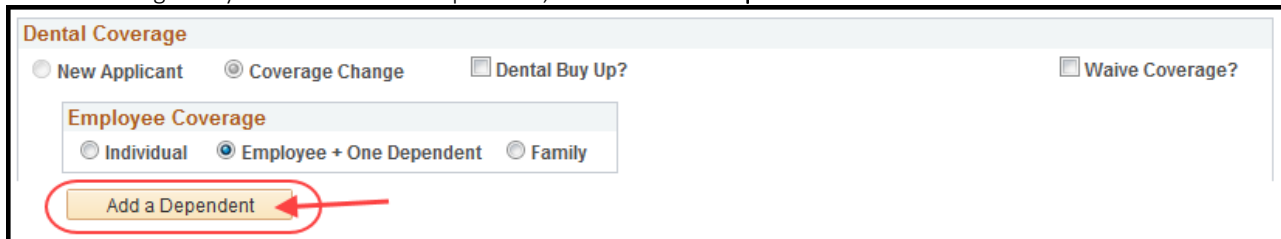
☒ New Applicant ☐ Coverage Change ☐ Dental Buy Up? ☐ Waive Coverage?

Employee Coverage

☐ Individual ☐ Employee + One Dependent ☐ Family

| Name | Relationship | Coverage Election |
|------|--------------|-------------------|
|------|--------------|-------------------|

11. The **Beneficiaries** you entered for your **Life AD&D** and **Dependent Beneficiaries** are automatically listed under your **Medical** and **Dental** coverage. If you need to add a Dependent, click the **Add a Dependent**.



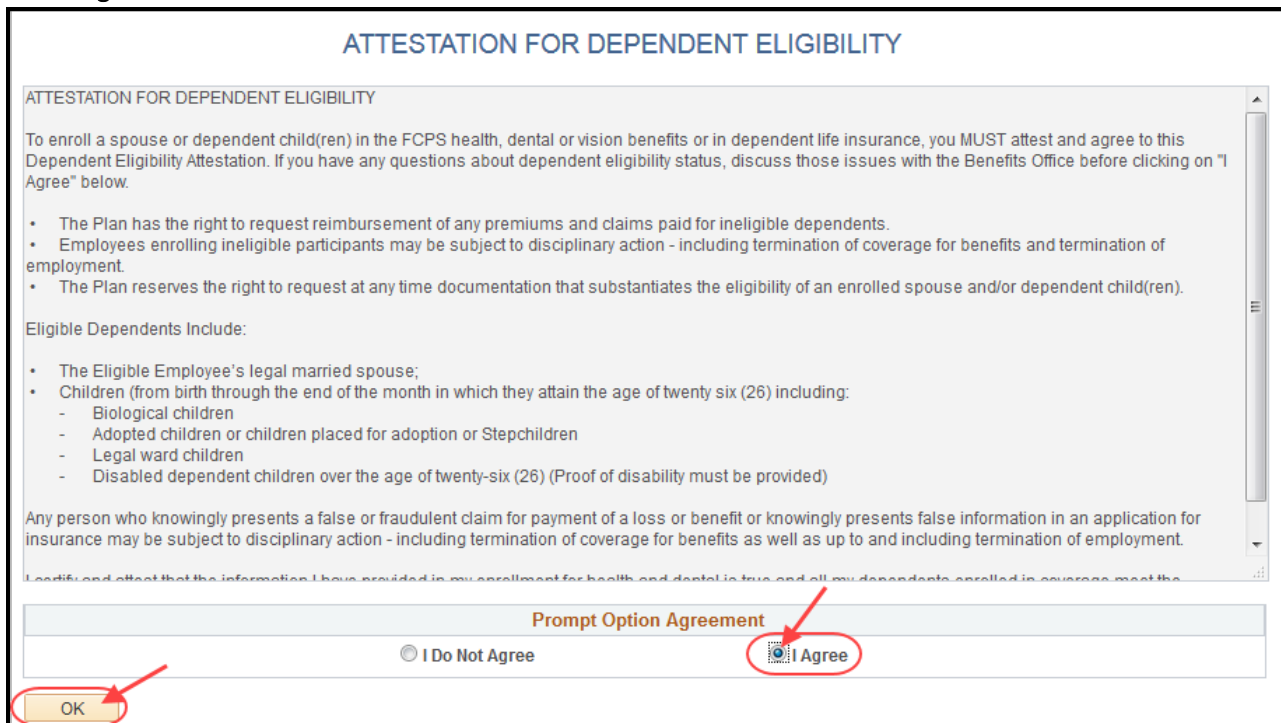
Dental Coverage

☐ New Applicant ☒ Coverage Change ☐ Dental Buy Up? ☐ Waive Coverage?

Employee Coverage

☐ Individual ☒ Employee + One Dependent ☐ Family

12. Click **I Agree** and **OK**.



ATTESTATION FOR DEPENDENT ELIGIBILITY

ATTESTATION FOR DEPENDENT ELIGIBILITY

To enroll a spouse or dependent child(ren) in the FCPS health, dental or vision benefits or in dependent life insurance, you **MUST** attest and agree to this Dependent Eligibility Attestation. If you have any questions about dependent eligibility status, discuss those issues with the Benefits Office before clicking on "I Agree" below.

- The Plan has the right to request reimbursement of any premiums and claims paid for ineligible dependents.
- Employees enrolling ineligible participants may be subject to disciplinary action - including termination of coverage for benefits and termination of employment.
- The Plan reserves the right to request at any time documentation that substantiates the eligibility of an enrolled spouse and/or dependent child(ren).

Eligible Dependents Include:

- The Eligible Employee's legal married spouse;
- Children (from birth through the end of the month in which they attain the age of twenty six (26) including:
 - Biological children
 - Adopted children or children placed for adoption or Stepchildren
 - Legal ward children
 - Disabled dependent children over the age of twenty-six (26) (Proof of disability must be provided)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be subject to disciplinary action - including termination of coverage for benefits as well as up to and including termination of employment.

I certify and attest that the information I have provided in my enrollment for health and dental is true and all my dependents enrolled in coverage meet the

Prompt Option Agreement

☐ I Do Not Agree ☒ I Agree

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13. Fill in the **Dependent Personal Information**. Click **Save** when completed. Click **OK** when you get the **Save Confirmation**.

Save Confirmation

✓ Your changes have been saved.

Please Note: You must return to the Medical/Dental Enrollment page to complete your enrollment.

OK

14. Click **Return** at the bottom of the page.

Save **Return**

15. If you chose **Employee + One Dependent** or **Family**, you will need to change your **Dependent(s) Coverage Election** to **Elect**.
*Note: Do not forget to check the box if you want **Dental Buy Up** (see <https://goo.gl/w6iGp2> for more **Dental Buy Up** information)*

Medical Coverage

☒ New Applicant ☐ Coverage Change ☐ Waive Coverage?

Employee Coverage

☐ Individual ☐ Employee + One Dependent ☒ Family

| Name | Relationship | Coverage Election | Medicare Eligible? |
|----------------|--------------|-------------------|--------------------------|
| Doe,James | Spouse | Elect | <input type="checkbox"/> |
| Doe,Cory | Child | Elect | <input type="checkbox"/> |
| Doe,Pearl | Child | Elect | <input type="checkbox"/> |
| Doe,Doc | Child | Elect | <input type="checkbox"/> |
| Roberts,Sadie | Parent | Not Enrolled | <input type="checkbox"/> |
| Roberts,Willie | Parent | Not Enrolled | <input type="checkbox"/> |
| Smith,Sally | Friend | Not Enrolled | <input type="checkbox"/> |

Dental Coverage

☒ New Applicant ☐ Coverage Change ☒ Dental Buy Up? ☐ Waive Coverage?

Employee Coverage

☐ Individual ☐ Employee + One Dependent ☒ Family

| Name | Relationship | Coverage Election |
|----------------|--------------|-------------------|
| Doe,James | Spouse | Elect |
| Doe,Cory | Child | Elect |
| Doe,Pearl | Child | Elect |
| Doe,Doc | Child | Elect |
| Roberts,Sadie | Parent | Not Enrolled |
| Roberts,Willie | Parent | Not Enrolled |
| Smith,Sally | Friend | Not Enrolled |

Add a Dependent

16. Scroll down to the bottom of the page, click the box next to **Date Signed** and click **Save**.

To add a dependent due to a marriage, birth/adoption or to drop a dependent due to other coverage or other qualifying reasons is a 'Change of Status'. A Change of Status is considered to be a "Qualify Event". These must be made within 31 days of the event. For a change of status you will be required to provide appropriate documentation such as copy of official marriage license, birth certificate for child, or other document. Complete a Change/Enrollment form, and forward your form with appropriate documentation to the HR/Benefits Office or fax to (301) 644-5122.

Signed by Employee Mullineaux,Betsy Maria

Date Signed 04/11/2017

Please Note: Changes do not take effect until you press the 'SAVE' button.

Save

17. You will see a **Save Confirmation** message. Click **OK**.

Medical/Dental Enrollment

Save Confirmation

✓ Your changes have been saved.

Please Note: This request requires HR approval. Upon review, you will be notified regarding the status of your request.

OK

18. When your change request has been received, a confirmation email will be sent to your FCPS email account from Benefits.Systems@fcps.org.

Benefits.System@fcps.org
Medical/Dental Changes Requested
 You have requested a change to your Medical/Dental

19. **When finished, remember to Sign Out** of PeopleSoft in the upper right-hand corner.

Home | Add to Favorites | **Sign out**

20. Do not forget to also log off of **Employee Self Service** by clicking the door icon.

FCPS Session 06:57:20 

FCPS Welcome to PS HR!