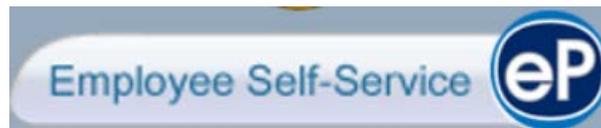


EMPLOYEE SELF-SERVICE



ANNUAL ENROLLMENT INSTRUCTIONS

**A STEP-BY-STEP GUIDE: HOW TO MAKE YOUR BENEFIT
ELECTIONS OR CHANGES ELECTRONICALLY
THROUGH EMPLOYEE SELF-SERVICE (ESS)**

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Access Employee Self-Service (ESS) from the County Intranet

You can access Employee Self-Service from the County intranet: <http://sc-intranet/>

1. Click on the 'Employee Self-Service' icon from the right side of the page

The screenshot shows the County of Sonoma Intranet homepage. The left sidebar contains a navigation menu with items like 'Intranet Home', 'Departments', 'Tools', 'Training', 'Resources', 'Human Resources', 'Health & Welfare Benefits', 'Directories', 'Accessibility', 'County Internet Web Site', 'Press Releases', 'SharePoint', and 'Site Map'. The main content area has several sections: 'Benefits Annual Enrollment is March 23, 2015 through April 10, 2015', 'We're Going Green!', 'Get ready for a fun and exciting Public Service Recognition Week!', 'Win a pair of tickets for dinner on the San Francisco Bay Hornblower Yacht Cruise Line', and 'Exciting Summer Internship Opportunity Teaching Environmental Education'. The right sidebar has 'What's New?' with links like 'Poll Workers Needed for Upcoming Election' and 'Avoiding Online Tax Scams', and 'Resources' with links like 'Smoking Cessation' and 'Need Help with Child Support?'. A red arrow points to the 'Employee Self-Service' icon in the right sidebar.

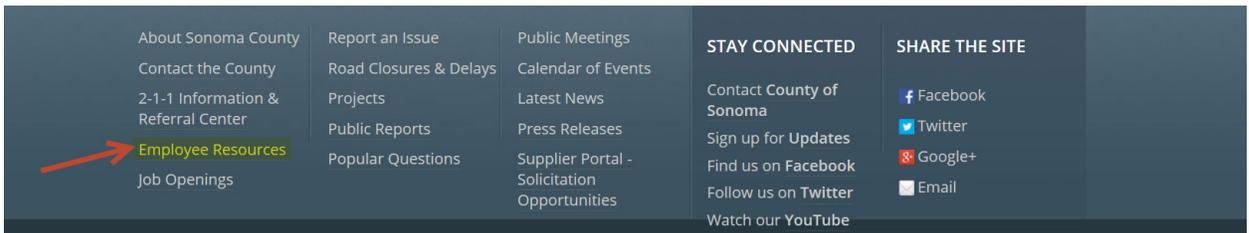
2. The Employee Self-Service login screen will open

The screenshot shows the Employee Self-Service (ESS) login screen. At the top, there is the County of Sonoma logo and the 'Employee Self-Service eP' logo. Below this, it says 'WELCOME TO SELF SERVICE'. The instructions read: 'Please enter your Last Name, Employee ID# and Password (password is case sensitive) below.' There are three input fields: 'Last Name:', 'Employee ID#:', and 'Password:'. Below the input fields is a 'Log In' button and a link that says 'Forgot your password? Click Here.'

Access Employee Self-Service (ESS) from the Internet

You can access Employee Self-Service from the internet: <http://www.sonoma-county.org>

1. Scroll to the bottom of the County of Sonoma home page and select 'Employee Resources'



2. From the Employee Resources page, click on 'HRMS-Employee Self-Service' from the left side of the page



- From the Human Resources Management System (HRMS) Employee Self-Service page click on the Employee Self-Service icon

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Employee Resources

- Employee Services
 - Email Services
 - HRMS - Employee Self-Service
 - Food Services
 - TimeSaver System
 - View All
- Combined Fund Drive

Human Resources Management System (HRMS) - Employee Self-Service

Employee Self-Service is part of the County's Human Resources Management System (HRMS), ePersonality. ePersonality tracks employee, position, salary, and payroll data. Through Employee Self-Service you have access to your

Employee Self-Service

A service provided by the County of Sonoma

Tamara Kallhoff
Human Resources
County of Sonoma

Contact Us
Phone: (707) 565-2951

575 Administration Drive
Room 116 B
Santa Rosa, CA 95403

Google Maps™
Directions »

- The Employee Self-Service main login screen will open

Employee Self-Service

WELCOME TO SELF SERVICE

Please enter your Last Name, Employee ID# and Password (password is case sensitive) below.

Last Name:

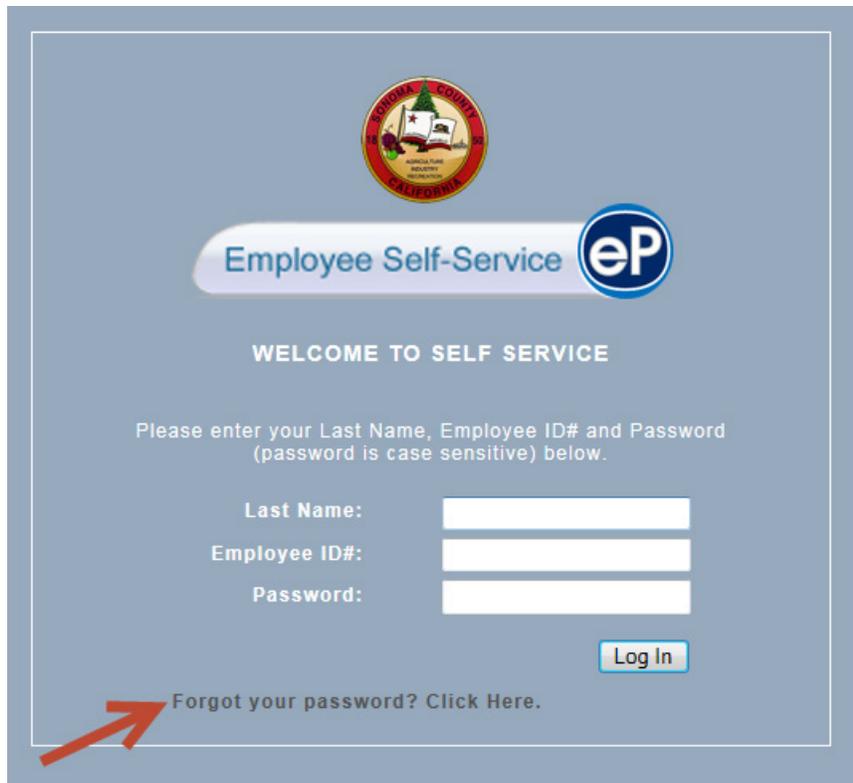
Employee ID#:

Password:

Forgot your password? [Click Here.](#)

If you Forgot your Employee Self-Service Password-Password Reset

1. Select 'Forgot your password? Click Here'.




Employee Self-Service 

WELCOME TO SELF SERVICE

Please enter your Last Name, Employee ID# and Password
(password is case sensitive) below.

Last Name:

Employee ID#:

Password:

[Forgot your password? Click Here.](#)

2. This screen will appear. Enter the information and select Continue. An e-mail message with a new temporary password will be sent to your County Outlook mailbox.



We can generate a new password for you and email it to you.

Please enter your First Name, Last Name and Employee ID below.

First Name:

Last Name:

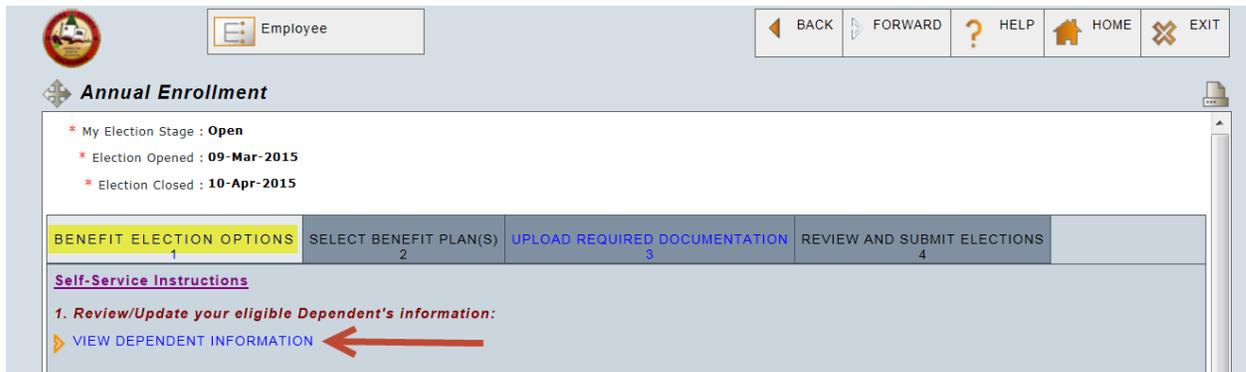
Employee ID

[Return?](#)

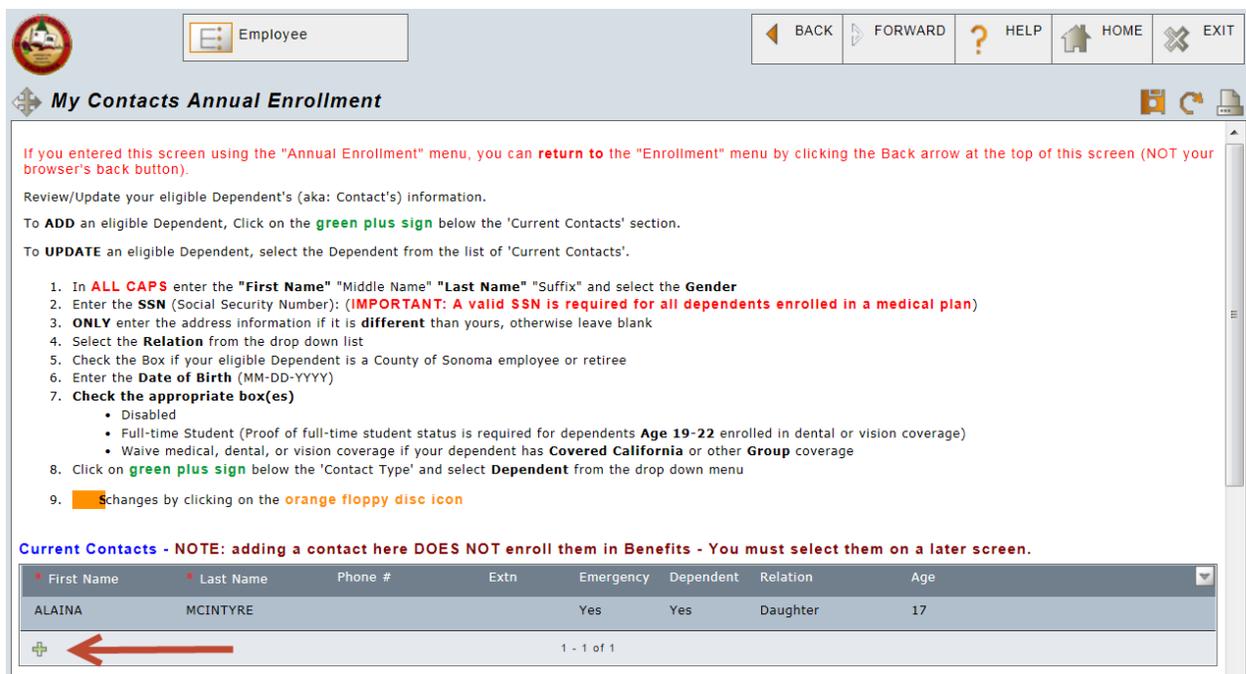
3. Once you login with the temporary password, you can change your password by clicking on Change My Pin in the Employee Information section of ESS. The new password must be a minimum of 8 characters, must start with a letter, must contain at least one number, and it must contain at least one symbol.
4. Once you enter your new password, you must click on the **orange save icon**  in the upper right hand corner.
5. You should see a message on the screen that says 'Your password has been successfully set/reset'.

To ADD an Eligible Dependent

1. Select tab 1 'BENEFIT ELECTION OPTIONS'
2. Click on 'VIEW DEPENDENT INFORMATION'



3. The 'My Contacts Annual Enrollment' screen will appear.
4. To **ADD** an eligible Dependent, Click on the green plus sign below the 'Current Contacts' section



5. Follow the steps 1-9 on the screen.
6. You must select the Contact Type 'Dependent' from the drop-down menu if you want to add the eligible Dependent to your benefit plan(s)

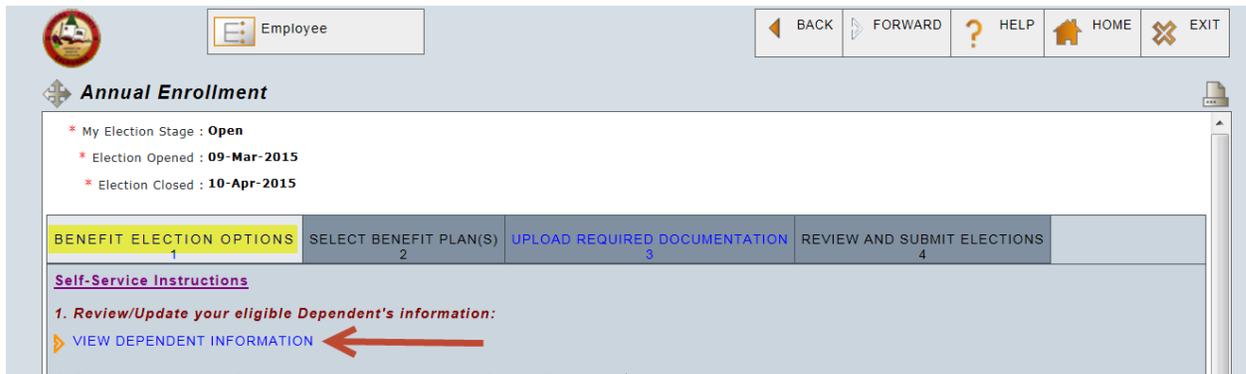


7. Make sure that you select the floppy disc icon near the top right side of the page to save your changes.
8. Once you are finished adding your eligible dependent(s), click on the BACK arrow at the top of the screen to return to the "Enrollment" menu.



To UPDATE an Eligible Dependent's Information

1. Select tab 1 'BENEFIT ELECTION OPTIONS'
2. Click on 'VIEW DEPENDENT INFORMATION'



3. The 'My Contacts Annual Enrollment' screen will appear.
4. To UPDATE an eligible Dependent's information, click on the Dependent's Name listed under the 'Current Contacts'



5. Follow steps 3-9 on the screen

3. **ONLY** enter the address information if it is **different** than yours, otherwise leave blank
4. Select the **Relation** from the drop down list
5. Check the Box if your eligible Dependent is a County of Sonoma employee or retiree
6. Enter the **Date of Birth** (MM-DD-YYYY)
7. **Check the appropriate box(es)**
 - Disabled
 - Full-time Student (Proof of full-time student status is required for dependents **Age 19-22** enrolled in dental or vision coverage)
 - Waive medical, dental, or vision coverage if your dependent has **Covered California** or other **Group** coverage
8. Click on **green plus sign** below the 'Contact Type' and select **Dependent** from the drop down menu
9. **FE** changes by clicking on the **orange floppy disc icon**

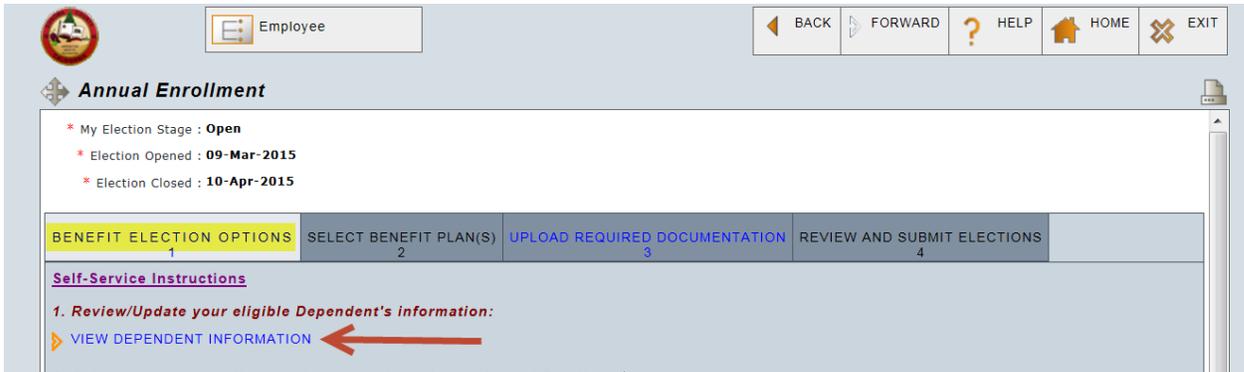
6. NOTE: Only enter the address information for the Dependent if it is different than yours, otherwise, the address should be blank.

7. Make sure that you select the floppy disc icon  near the top right side of the page to save your changes.
8. Once you are finished updating your eligible dependent's information, click on the BACK arrow at the top of the screen to return to the "Enrollment" menu.

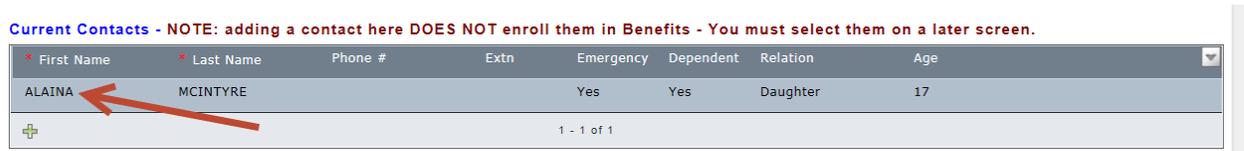


How to Waive Coverage for an Eligible Dependent

1. Select tab 1 'BENEFIT ELECTION OPTIONS'
2. Click on 'VIEW DEPENDENT INFORMATION'



3. The 'My Contacts Annual Enrollment' screen will appear.
4. To UPDATE an eligible Dependent's information, click on the Dependent's Name listed under the 'Current Contacts'.



5. Check the appropriate box to Waive coverage. Note: **To Waive Medical Coverage, the Dependent must have other Group coverage or coverage through Covered California.** To Waive Dental or Vision Coverage, the Dependent must have other Group coverage.



6. Make sure that you select the floppy disc icon  near the top right side of the page to save your changes.
7. Once you are finished updating your eligible dependent's information, click on the BACK arrow at the top of the screen to return to the "Enrollment" menu.



How to Elect or Change your Benefit Plan Coverage

1. Select tab 2 "SELECT BENEFIT PLAN(S)"
2. For each plan listed (Vision, Medical, Dependent Life, Supplemental Life and Delta Dental) click on the circle next to the level of coverage to make your benefit plan choices.
3. You must make an election decision for each plan.

* Plan : Vision

[Health and Welfare Benefit Page](#)

Election Intro Text : **Please note: Vision coverage cannot be declined.**
Vision premiums are paid by the County for full-time employees and are prorated for eligible part-time employees.

MANDATORY Student Status Verification:
For dependents ages 19 to 23, proof of their full-time student status is required for their enrollment in your vision plan. Dependents in this age group without evidence of full-time student status will be dropped from these plans effective June 1, 2014.
(Upload proof on Tab 3 'UPLOAD REQUIRED DOCUMENTATION')

If you select 'Family Coverage' click on the magnifying glass below to confirm that all of your eligible dependents are listed under 'Selected Values'.
For information on Vision Service Plan Benefit Highlights, please click the Plan Type URL below.

[Plan Highlights URL](#)

Current Coverage : **Family Coverage**

Dependents (Must be included here) :

Plan	Level of Coverage	Select Coverage	Full-Time Employee Bi-Weekly Deduction	Full-Time County Bi-Weekly Contribution
Vision	Self Coverage	<input type="radio"/>	0	7.91
Vision	Family Coverage	<input checked="" type="radio"/>	0	7.91
	Coverage Declined	<input type="radio"/>		
	Coverage To Be Decided	<input type="radio"/>		

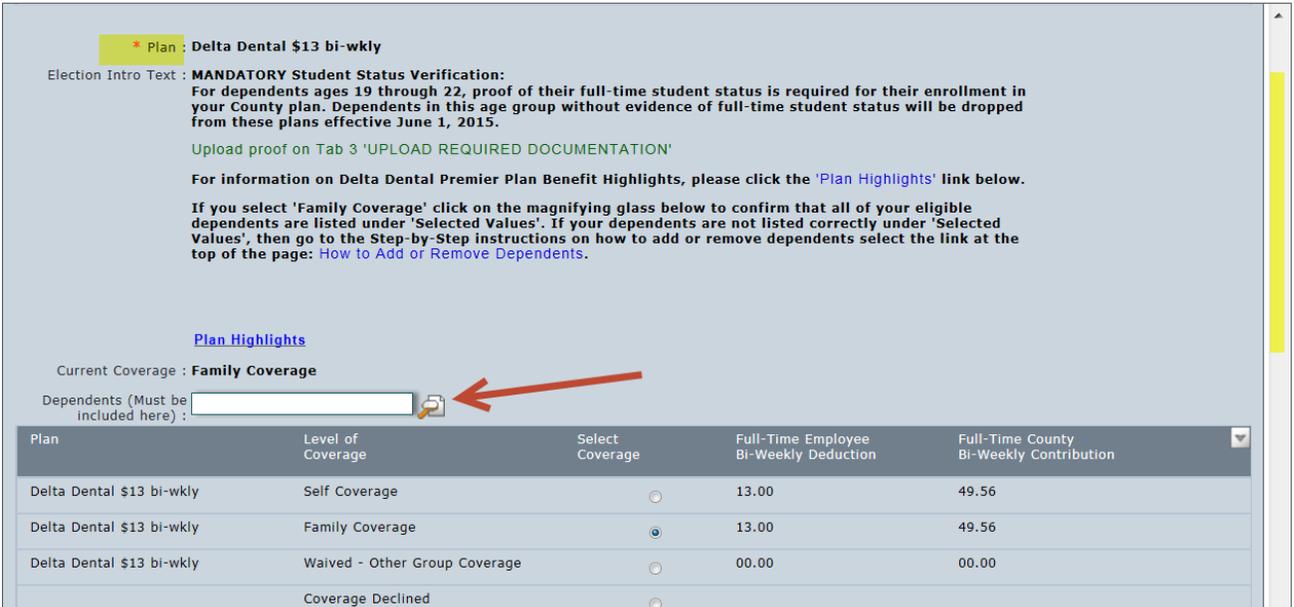
4. If you elect 'Family Coverage' for Dental or Vision you must add your eligible Dependent(s) to the plan.
5. If you elect a coverage level other than 'Self, Waived, or Declined' for Medical, you must add your eligible Dependent(s) to the plan.
6. If you elect Dependent Life, you must add your eligible Dependent(s) to the plan.
7. If you elect to Waive Coverage for yourself, you must have other Group coverage or Covered California coverage, otherwise elect 'Coverage Declined'.

To ADD an eligible Dependent to a Plan

1. Scroll up or down the page using the scroll bar on the right side, to locate the plan that you want to add coverage for your dependent.

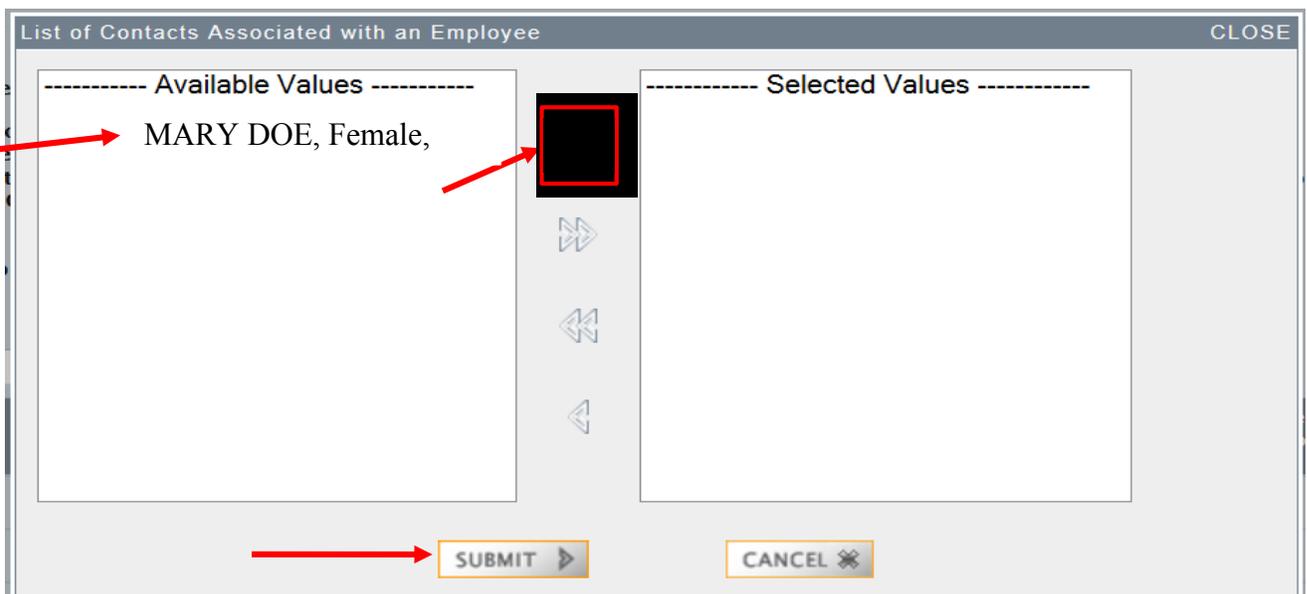
Note: If your dependent is currently enrolled in the plan, their name would show in the white box next to 'Dependents (Must be included here)'

2. Click on the magnifying glass icon  to the right of the white box.



Plan	Level of Coverage	Select Coverage	Full-Time Employee Bi-Weekly Deduction	Full-Time County Bi-Weekly Contribution
Delta Dental \$13 bi-wkly	Self Coverage	<input type="radio"/>	13.00	49.56
Delta Dental \$13 bi-wkly	Family Coverage	<input checked="" type="radio"/>	13.00	49.56
Delta Dental \$13 bi-wkly	Waived - Other Group Coverage	<input type="radio"/>	00.00	00.00
	Coverage Declined	<input type="radio"/>		

3. A pop-up window will appear and your Current Contacts will be listed in the box on the left side under 'Available Values'.
4. Click on the eligible Dependent's name to select it.
5. Click on the arrow  pointing to the right between the two boxes, which will move the name to the box on the right 'Selected Values'. All dependent(s) that you want covered on this plan need to be in the 'Selected Values' box. (Repeat for each dependent)



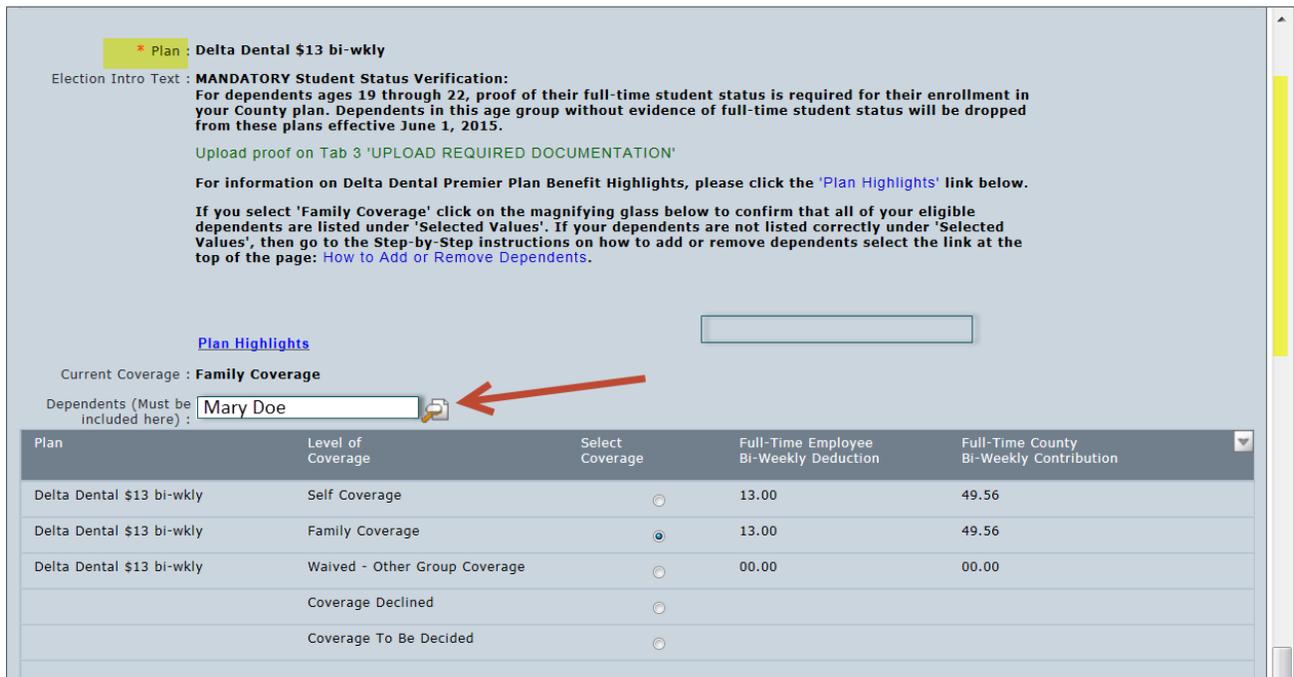
6. Then click SUBMIT
7. Repeat this process for each plan that you want to add dependent coverage.

How to REMOVE a Dependent from a plan

1. Scroll up or down the page using the scroll bar on the right side, to locate the plan that you want to remove coverage for your dependent.

Note: If your dependent is currently enrolled in the plan, their name would show in the white box next to 'Dependents (Must be included here)'

2. Click on the magnifying glass icon  to the right of the white box.



* Plan : Delta Dental \$13 bi-wkly

Election Intro Text : **MANDATORY Student Status Verification:**
For dependents ages 19 through 22, proof of their full-time student status is required for their enrollment in your County plan. Dependents in this age group without evidence of full-time student status will be dropped from these plans effective June 1, 2015.

Upload proof on Tab 3 'UPLOAD REQUIRED DOCUMENTATION'

For information on Delta Dental Premier Plan Benefit Highlights, please click the 'Plan Highlights' link below.

If you select 'Family Coverage' click on the magnifying glass below to confirm that all of your eligible dependents are listed under 'Selected Values'. If your dependents are not listed correctly under 'Selected Values', then go to the Step-by-Step instructions on how to add or remove dependents select the link at the top of the page: [How to Add or Remove Dependents](#).

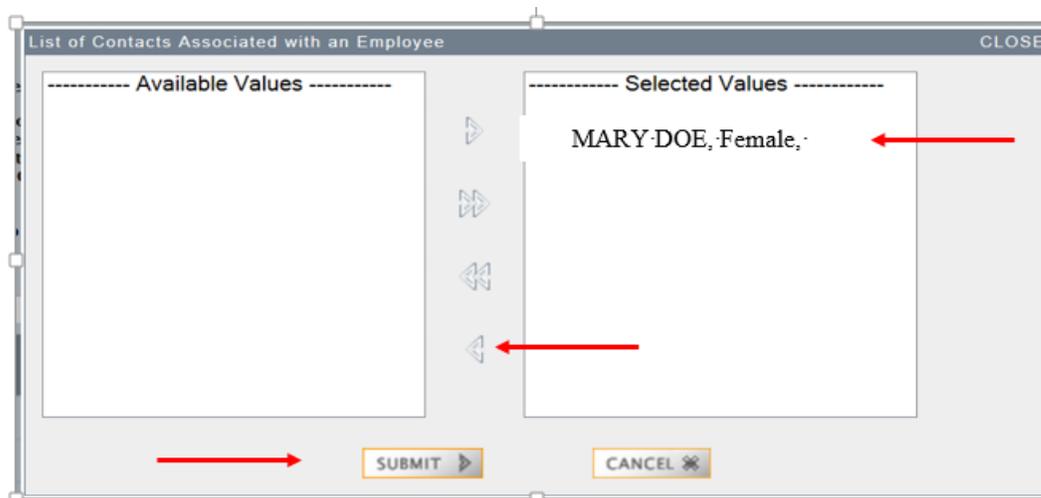
[Plan Highlights](#)

Current Coverage : **Family Coverage**

Dependents (Must be included here) : 

Plan	Level of Coverage	Select Coverage	Full-Time Employee Bi-Weekly Deduction	Full-Time County Bi-Weekly Contribution
Delta Dental \$13 bi-wkly	Self Coverage	<input type="radio"/>	13.00	49.56
Delta Dental \$13 bi-wkly	Family Coverage	<input checked="" type="radio"/>	13.00	49.56
Delta Dental \$13 bi-wkly	Waived - Other Group Coverage	<input type="radio"/>	00.00	00.00
	Coverage Declined	<input type="radio"/>		
	Coverage To Be Decided	<input type="radio"/>		

3. A pop-up will appear and your eligible dependent(s) name will show in the box on the right side under "Selected Values". Click on the name(s) to select.
4. Click on the arrow pointing to the left between the two boxes, which will move the name(s) to the box on the left "Available Values".
5. Then click submit



List of Contacts Associated with an Employee

Available Values

Selected Values

MARY-DOE, Female,

SUBMIT

CANCEL

Dependent(s) 19 through 22 (Proof of Full-time Student Status)

1. If you elect to have Dependent(s) on your Dental or Vision plan(s) and they are ages 19 to 22, you will need to make sure on the 'Contact Information' screen that the box for FT Student is checked.

* First Name ALL CAPS : SON
* Last Name ALL CAPS : SON
Gender : Male
SSN :
Address 1 ALL CAPS :
Address 2 ALL CAPS :
City ALL CAPS :
State, Country :
Zip Code :
* Relation : Son
Date of Birth (DD-Mmm-YYYY) : 01-Jan-1994
Phone # :
Alt. Phone # :
Cellular # :
Disabled (See Above #5) :
FT Student(see Above #6) :
Waive Medical Coverage (#7) :
Waive Dental Coverage (#7) :

2. To return to the Contact Information screen, select tab 1 'BENEFIT ELECTION OPTIONS'
3. Click on 'VIEW DEPENDENT INFORMATION'

Employee
BACK FORWARD ? HELP HOME EXIT
Annual Enrollment
* My Election Stage : Open
* Election Opened : 09-Mar-2015
* Election Closed : 10-Apr-2015
BENEFIT ELECTION OPTIONS 1 SELECT BENEFIT PLAN(S) 2 UPLOAD REQUIRED DOCUMENTATION 3 REVIEW AND SUBMIT ELECTIONS 4
Self-Service Instructions
1. Review/Update your eligible Dependent's information:
VIEW DEPENDENT INFORMATION

4. You will also need to upload proof of their full-time student status on tab 3 "UPLOAD REQUIRED DOCUMENTATION". Instructions for uploading documents is below.

Designate/Update your Beneficiary for your Life Insurance

1. If you are going to elect Supplemental Life coverage you will need to print, fill out and upload the Hartford Beneficiary form. You can print the Beneficiary form by clicking on this link: Plan Form located in the Plan: Supplemental Life section on tab 2 "SELECT BENEFIT PLAN(S)".
2. You will also need to upload the signed form on tab 3 "UPLOAD REQUIRED DOCUMENTATION". Instructions for uploading documents is below.

* Plan : Supplemental Life
Election Intro Text : Total coverage (Basic + Supplemental) not to exceed \$500,000.
To enroll or change your election in Supplemental Life, complete and sign the Beneficiary Designation form by clicking on the "Plan Form" link below.
Upload completed and signed form on Tab 3 'UPLOAD REQUIRED DOCUMENTATION'
Plan Form

Validate Elections

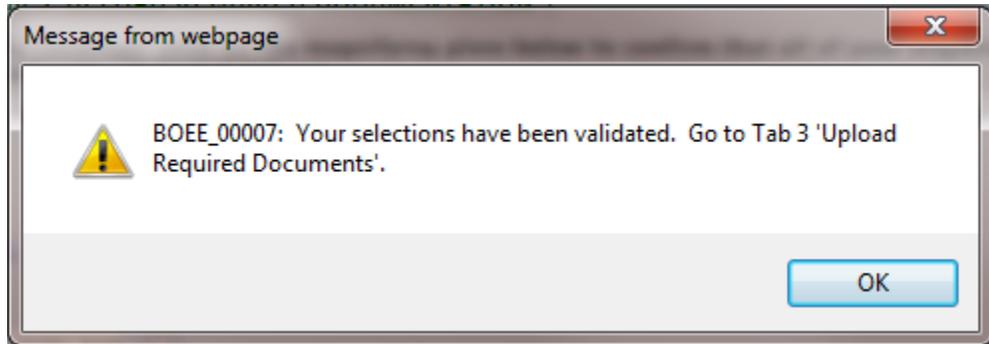
1. Once all changes have been made and there are no plans with "Coverage To Be Decided" selected, then scroll down to the bottom of tab 2 "SELECT BENEFIT PLAN(S)" and click on "Validate Elections"

3. Ensure accuracy by clicking VALIDATE ELECTIONS below. After validation, proceed to tab 3 UPLOAD REQUIRED DOCUMENTATION.

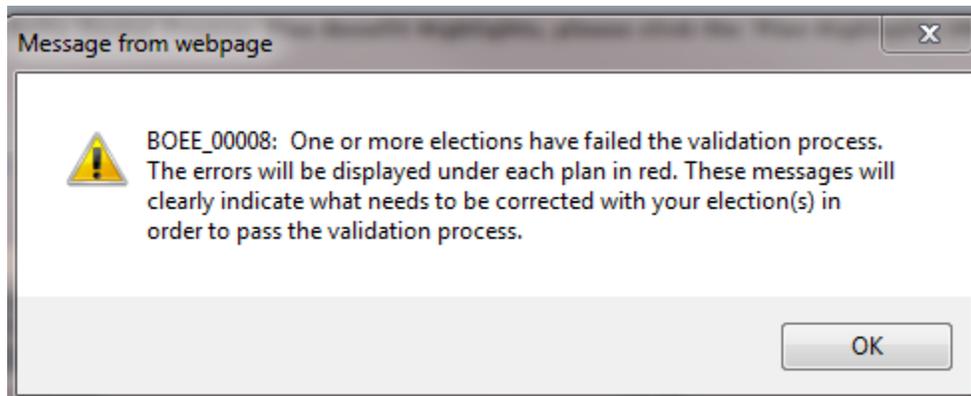
▶ VALIDATE ELECTIONS

If you have questions regarding your benefits call 707-565-2900 or email benefits@sonoma-county.org

A message box will appear on the screen with either "Your selections have been validated" or "One or more elections have failed the validation process" Click OK.



OR



Below are some of the 'error' examples:

This is where the employee chose 'Family Coverage' but did not add dependents to the plan. They need to click on the magnifying glass and attach their dependents.

Current Coverage : **Family Coverage**

Dependents (Must be included here) : 

Plan	Level of Coverage	Select Coverage	Full-Time Employee Bi-Weekly Deduction	Full-Time County Bi-Weekly Contribution
Vision	Self Coverage	<input type="radio"/>	0	7.91
Vision	Family Coverage	<input checked="" type="radio"/>	0	7.91
	Coverage Declined	<input type="radio"/>		
	Coverage To Be Decided	<input type="radio"/>		

Corrections are needed to this plan selection. Please verify that you have added all eligible dependents, selected the correct plan and coverage level or declined coverage.

Please Note : **This coverage requires dependents to be elected.**

This is where the employee left the Level of Coverage as 'Coverage To Be Decided'. They need to choose either an actual coverage, 'Waive' or 'Coverage Declined'.

Current Coverage : **Dependent Life**

Dependents (Must be included here) :

Plan	Level of Coverage	Select Coverage	Full-Time Employee Bi-Weekly Deduction	Full-Time County Bi-Weekly Contribution
Dependent Life	Dependent Life	<input type="radio"/>	0.23	
	Coverage Declined	<input type="radio"/>		
	Coverage To Be Decided	<input checked="" type="radio"/>		

Corrections are needed to this plan selection. Please verify that you have added all eligible dependents, selected the correct plan and coverage level or declined coverage.

Please Note : **A decision must be made for the plan LIFE-DEPENDENT.**

This is where the employee added an over-age child to the dental or vision plan but didn't select the 'FT Student' box on the Contact Information screen. See #6 above under 'Select Benefit Plan(s)'.

Current Coverage : **Family Coverage**

Dependents (Must be included here) : **SON SON**

Plan	Level of Coverage	Select Coverage	Full-Time Employee Bi-Weekly Deduction	Full-Time County Bi-Weekly Contribution
Delta Dental \$13 bi-wkly	Self Coverage	<input type="radio"/>	13.00	49.56
Delta Dental \$13 bi-wkly	Family Coverage	<input checked="" type="radio"/>	13.00	49.56
	Coverage Declined	<input type="radio"/>		
	Coverage To Be Decided	<input type="radio"/>		

Corrections are needed to this plan selection. Please verify that you have added all eligible dependents, selected the correct plan and coverage level or declined coverage.

Please Note : **Your elected child SON, SON is older than the coverage's Maximum Child Age restriction of 19. See chart below for information on ages for student and non-students.**

PLAN	County Health PPO & EPO	KAISER HMO	DENTAL	VISION	DEPEND LIFE
Non-Student	up to age 26	up to age 26	up to age 19	up to age 19	up to age 26
Full-Time Student	up to age 26	up to age 26	up to age 23	up to age 23	up to age 26

Upload Required Documentation

1. Select tab 3 "UPLOAD REQUIRED DOCUMENTATION"

2. To upload the form or proof click on the folder icon 



BENEFIT ELECTION OPTIONS **SELECT BENEFIT PLAN(S)** **UPLOAD REQUIRED DOCUMENTATION** **REVIEW AND SUBMIT ELECTIONS**

1.Upload documentation by clicking on the appropriate folder icon below

Student Status Proof :  

Legal Guardianship :  

Beneficiary Form :  

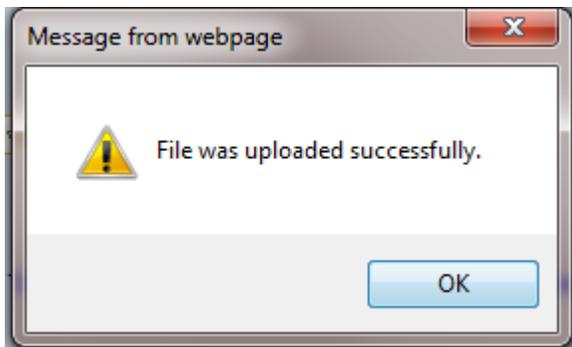
Supplemental Life :  

HRA Conversion Form :  

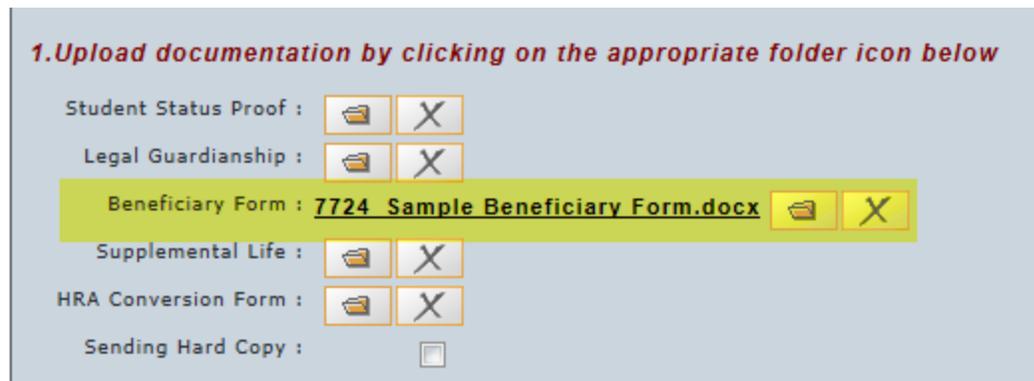
Sending Hard Copy :

3. Windows Explorer will appear as a pop-up, find the document on your computer and click on Open

4. You will receive a pop-up



5. The form name will show on tab 3.



1.Upload documentation by clicking on the appropriate folder icon below

Student Status Proof :  

Legal Guardianship :  

Beneficiary Form : **7724 Sample Beneficiary Form.docx**  

Supplemental Life :  

HRA Conversion Form :  

Sending Hard Copy :

Review and Submit Elections

The last step is to review and submit your elections.

1. Select tab 4 "REVIEW AND SUBMIT ELECTIONS"
2. Select Submit Elections for Approval

* My Election Stage : **Open**

▶ REOPEN - UTILIZE WHEN STATUS IS "SUBMITTED" AND CHANGES ARE NEEDED.

* Election Opened : **18-Mar-2013**

* Election Closed : **12-Apr-2013**

CURRENT BENEFIT PLANS 1	SELECT BENEFIT PLAN(S) 2	UPLOAD REQUIRED DOCUMENTATION 3	REVIEW AND SUBMIT ELECTIONS 4	
View then print your benefit elections, including dependents, by clicking on the above print icon in the upper right corner.				
Plan	Coverage	Election Decision	Full-Time Employee Deduction Bi-Weekly Basis	Full-Time County Contribution Bi-Weekly Basis
KAISER HMO	Self + 1 IRS Qualified Dependent	Elected, No Change	349.86	229.98
DENTAL 0124-B	Family Coverage	Elected, No Change	13.00	49.56
VISION	Family Coverage	Elected, No Change	0	7.91
LIFE-DEPENDENT	Dependent Life	Newly Elected	0.23	
Annual Enrollment changes become effective on June 1st. Refer to your annual enrollment booklet for complete details.				
5. When you have completed all of your elections please submit your election changes for approval.				
SUBMIT ELECTIONS FOR APPROVAL				
Note: Coverage may not be added or canceled for any individual after annual enrollment unless you experience a qualifying work or life status change.				
If you have questions regarding your benefits call 707-565-2900 or email benefits@sonoma-county.org				

3. A text box will show on the screen that includes an Employee Authorization and Agreement. Within that verbiage it will have a link to Anthem Blue Cross Arbitration Agreement and the Kaiser Arbitration Agreement.
4. Click OK
5. You should now see a box that states your benefit elections have been successfully submitted. Click OK

No Changes Needed

Even though you may have no changes, we want you to log into ESS to view your dependent information and current elections to verify that everything looks correct.

If you are not making any changes to your current elections, **your prior benefit elections will rollover into the new plan year if you do not make changes.**