



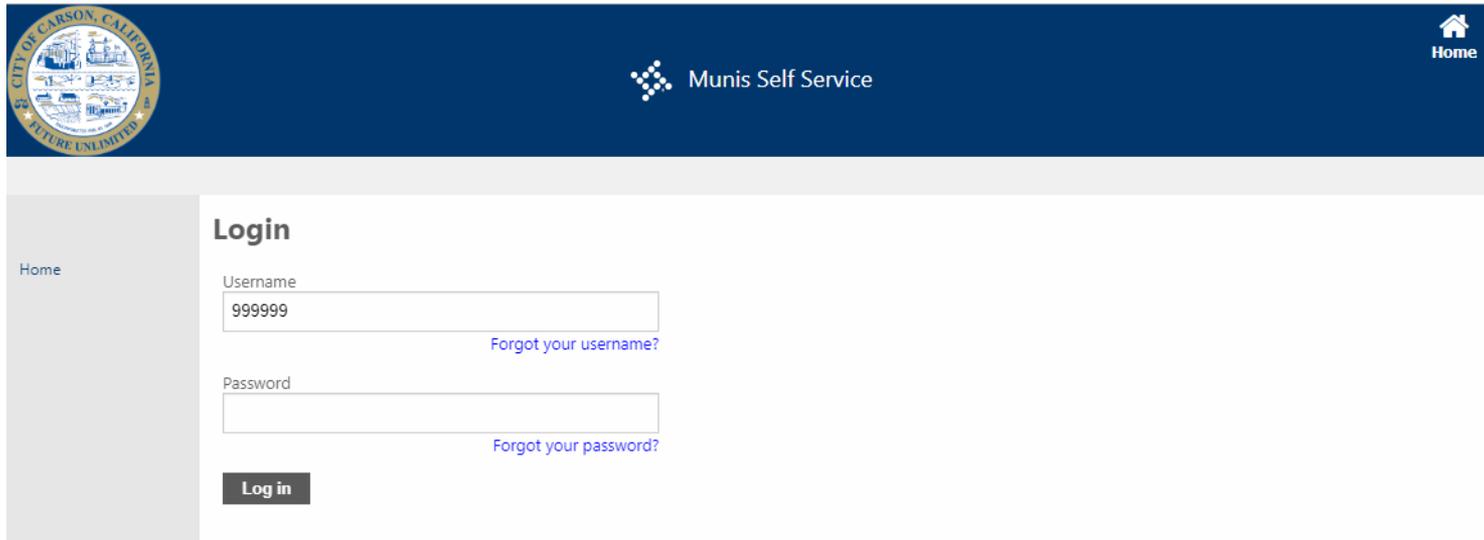
OPEN ENROLLMENT 2020 EMPLOYEE SELF SERVICE (ESS)

ESS OPEN ENROLLMENT

- The 2020 Open Enrollment period is September 21st - October 16th.
 - This Open Enrollment year, you will be responsible for entering and submitting your own benefit elections for 2021.
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LOG IN

Log in to ESS using your employee ID and password



The screenshot shows the login interface for the City of Carson's Munis Self Service system. At the top, there is a dark blue header bar containing the City of Carson seal on the left, the text "Munis Self Service" in the center, and a "Home" link with a house icon on the right. Below the header is a light gray sidebar with a "Home" link. The main content area is titled "Login" and contains two input fields: "Username" with the value "999999" and "Forgot your username?" link, and "Password" with a "Forgot your password?" link. A "Log in" button is positioned below the password field.

 Munis Self Service [Home](#)

[Home](#)

Login

Username

[Forgot your username?](#)

Password

[Forgot your password?](#)

Log in

- 1) Click on Benefits
- 2) Select Open Enrollment
- 3) View your current benefits enrollments and applicable paycheck deductions.

Home

Employee Self Service

Benefits ←

Employee Notifications

Pay/Tax Information

Personal Information

Time Off

Time Entry

Benefits

Current Year Elections

! You must complete your **open enrollment** before 10/4/2020.

Benefit	Current Election
MEDICAL	KAISER PRETAX LA - EMPLOYEE +2 OR MORE \$69.04 details
DENTAL	DENTAL - EMPLOYEE +2 OR MORE \$0.00 details
VISION	VISION - POST TAX EMPLOYEE ONLY \$3.02 details
FSA MEDICAL	FLEXIBLE SPENDING ACCOUNT (FSA) MEDICAL \$25.00 details

All costs are per pay period. Your estimated total cost per pay period is **\$97.06**.



- 4) Access benefits confirmation pop-ups by clicking details.
- 5) You can now make changes, decline enrollments or keep things the exactly as they are now. Please select changes for each 2021 Benefit (Medical, Dental, Vision, Life, etc) if you would like to change your plan. ***If you are not making any changes to your plan, click No Changes.***

Make a selection for each benefit then click "Continue". You must submit this enrollment by 10/16/2020. Please select **one option from each of the following categories to complete your open enrollment.**

Benefit	Current Election	New Election	
MEDICAL	KAISER PRETAX LA - EMPLOYEE +2 OR MORE \$69.04 details	KAISER PRETAX LA - EMPLOYEE +2 OR MORE \$75.88 details	Decline benefit Change New Election
DENTAL	DENTAL - EMPLOYEE +2 OR MORE \$0.00 details	Election Not Made	Decline benefit No changes Make New Election
VISION	VISION - POST TAX EMPLOYEE ONLY \$3.02 details	Election Not Made	Decline benefit No changes Make New Election
FSA MEDICAL	FLEXIBLE SPENDING ACCOUNT (FSA) MEDICAL \$25.00 details	FLEXIBLE SPENDING ACCOUNT (FSA) MEDICAL \$0.00 details	Decline benefit Change New Election
FSA DEPENDENT CARE	No Election Made	Election Not Made	Decline benefit Make New Election

Continue

All costs are per pay period. Your estimated total cost per pay period is \$75.88.

PRE TAX VS. POST TAX

The main difference between pretax and (post tax) after-tax medical payments is the treatment of the money used to purchase your coverage. Pretax payments yield greater tax savings, but after-tax payments present more opportunities for deductions when you file your tax return. Please consult your tax professional for further details.



(6) Confirm or Add/Delete Dependents. If the dependent has been previously covered on your plan, choose their name from the drop down box and select “add coverage”, If you need to remove a dependent, do not select their name from the drop box.

Decline

I Decline

[Add coverage](#) | [Add new dependent](#)

Coverage must be added for exactly 1 dependent.

There are no dependents to display.

(7b) To “Edit” an existing dependent’s information (full legal name, date of birth or Social Security number) after selecting “add coverage”, simply edit the necessary field (s) with the corrected information.

Edit

The image shows a web form for editing a dependent's information. The form is titled "MARCUS" with a greyed-out text box next to it. The form contains the following fields:

- First name *: MARCUS
- Middle initial: (empty)
- Last name *: (greyed out)
- Suffix: (empty)
- Date of birth *: 12/28/1998
- Gender: MALE (dropdown menu)
- Relationship *: CHILD (dropdown menu)
- SSN # (include dashes): XXX-XX-XXXX

At the bottom of the form are two buttons: "OK" and "Cancel". A large bracket on the left side of the form, labeled "Edit", encompasses the entire form area.

(8) To add a dependent, select Add new dependent. A box will appear (see example on the right) for you to add the full legal name, date of birth, gender, relationship, and Social Security number. Please remember to include the Social Security Number for insurance coverages.

SHARP PRETAX OTHER SOCIAL

UNITED HLTH POST TAX LA

UNITED HLTH PRETAX LOS ANGELES

UNITED HLTH PRETAX OTHER SOCIAL

Decline

Add new dependent

Coverage must be added for exactly 1 dependent.

There are no dependents to display.

Add a new dependent

First name *	<input type="text" value="Megan"/>
Middle initial	<input type="text"/>
Last name *	<input type="text" value="Miles"/>
Suffix	<input type="text"/>
Date of birth *	<input type="text" value="08/14/2010"/>
Gender	<input type="text" value="FEMALE"/>
Relationship *	<input type="text" value="CHILD"/>
SSN # (include dashes)	<input type="text" value="333-33-3333"/>

(7) For FSA enrollments, indicate the amount to be deducted per pay period. If you want a total of \$1,000 deducted for the year, divide \$1,000 by 26 pay periods. Then enter \$38.46 in the box.

Benefits

FSA MEDICAL

Select the amount to be deducted twice a month. The max of \$114.58 per check for an annual max of \$2,750.

FLEXIBLE SPENDING ACCOUNT (FSA) MEDICAL
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Amount :

I Decline

Continue

Cancel

(9) After you have completed making your selections, please select Continue at the bottom of the page. The following summary page should appear:

Review your enrollment

Review

MEDICAL

ELECTION - Declined

DENTAL

ELECTION - DENTAL - EMPLOYEE +1

HARRY DAVISHOLMES

Pay Period Employee Cost	\$0.00
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Pay Period Employer Cost	\$43.50
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Annual Employee Cost	\$0.00
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Annual Employer Cost	\$1,044.00
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VISION

ELECTION - VISION - POST TAX EMPLOYEE +1

HARRY HOLMES

Pay Period Employee Cost	\$5.44
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Pay Period Employer Cost	\$0.00
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Annual Employee Cost	\$130.56
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Annual Employer Cost	\$0.00
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VISION

ELECTION - VISION - POST TAX EMPLOYEE +1

HARRY HOLMES

Pay Period Employee Cost	\$5.44
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Pay Period Employer Cost	\$0.00
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Annual Employee Cost	\$130.56
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Annual Employer Cost	\$0.00
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FSA MEDICAL

ELECTION - Declined

FSA DEPENDENT CARE

ELECTION - Declined

TOTAL PAY PERIOD EMPLOYEE COST	\$5.44
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TOTAL ANNUAL EMPLOYEE COST	\$130.56
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Submit Choices Modify Cancel

10) If selecting or making changes to Supplemental Life Insurance, enter the amount of coverage in increments of \$5,000. Also, confirm your beneficiaries.

Benefits

SUPPLEMENTAL LIFE INSUR CVG

[Life Insurance forms](#)

 You must print and complete the following form because you are changing options:

[Life Insurance forms](#)

You can choose coverage between \$5k to \$200k, but up to 5x your annual salary (anything over \$200k will require medical underwriting approval) coverage not to exceed \$300k. Election is to be made in \$5k increments. For assistance, pls contact HR at 1736.

SUPPLEMENTAL LIFE INSURANCE

Annual Costs: Employee Cost \$1,176.00 / Employer Cost \$1,176.00

Pay Period Costs: Employee Cost \$49.00 / Employer Cost \$49.00

Amount: x

Decline

[Add new beneficiary](#)

At least 1 beneficiary must be added.

There are no dependents to display.

Add a new beneficiary

Beneficiary type

Person

First name *

Middle initial

Last name *

Suffix

Date of birth *

Gender

Relationship

SSN # (include dashes)

Percentage *

Designation

Primary Contingent

Important Final Steps:

1. Review your summary and either choose SUBMIT CHOICES to complete your enrollment or select MODIFY if you want to go back and make changes. If you choose CANCEL you will lose what you have already completed and will have to begin again.
2. Once you have selected SUBMIT CHOICES, you can continue to make changes to your enrollment selections until 5:00pm on October 16, 2020, by selecting CONTINUE at the bottom right corner of the Open Enrollment tab.
3. After the Open Enrollment portal closes, you will not be able to make any additional changes through Employee Self Service.
4. Please contact the Human Resources Department at x1736 for assistance.



If you make changes to your dependents or elect new coverages enrollment forms are required. The forms may be found on the enrollment page and must be submitted to the Human Resources Department during the Open Enrollment period.

Confirmation

Confirmation



Your enrollment was submitted successfully. You can make changes until your choices have been approved. You may want to print this page for your records.



Your enrollment cannot be finalized until you complete and send the forms listed below to your human resources or benefits office.

- [Health Benefit Enrollment Form](#)
- [Dental Enrollment Form](#)
- [Vision Enrollment Form](#)