



CBIZ

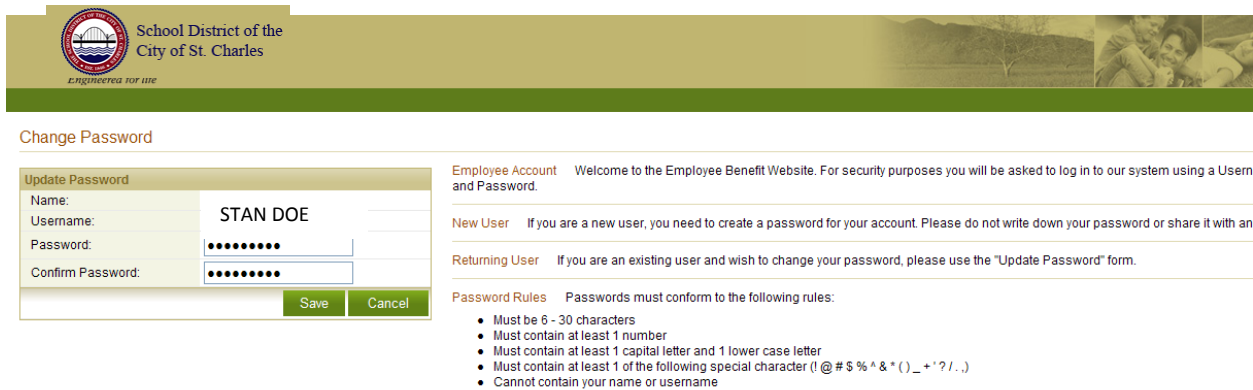
Complete Benefit Administration System
(C-BAS)

CITY OF ST. CHARLES
Employee Website
Navigator

CITY OF ST. CHARLES Employee Instructions

Log into your benefits website by going to www.mycscsdbenefits.com.

The first time you log into the system, you will be prompted to change your password. The password rules are listed below. If a password does not conform, you will receive an error message and will not be able to continue until your new password is compliant.



Change Password

Update Password

Name:	STAN DOE
Username:	
Password:	••••••••
Confirm Password:	••••••••

Employee Account and Password. Welcome to the Employee Benefit Website. For security purposes you will be asked to log in to our system using a User and Password.

New User If you are a new user, you need to create a password for your account. Please do not write down your password or share it with anyone.

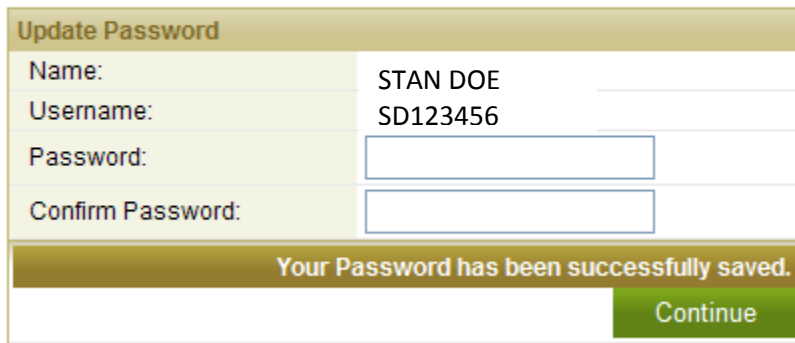
Returning User If you are an existing user and wish to change your password, please use the "Update Password" form.

Password Rules Passwords must conform to the following rules:

- Must be 6 - 30 characters
- Must contain at least 1 number
- Must contain at least 1 capital letter and 1 lower case letter
- Must contain at least 1 of the following special character (!@#\$%^&*()_+?'/.,)
- Cannot contain your name or username

Once you've created a password, you will receive the message that your password has been saved. Click on continue to go to the next screen.

Change Password




Update Password

Name:	STAN DOE
Username:	SD123456
Password:	
Confirm Password:	

Your Password has been successfully saved.

CITY OF ST. CHARLES Employee Instructions

Read through the legal disclaimer on the following screen, you must click on I Accept in order to continue with your benefits enrollment.



School District of the
City of St. Charles

Employee Benefit Website Legal Disclaimer

The information you entered refers to the following individual:

Employee **Stan Doe**

I acknowledge that I have been given the opportunity to participate in certain employee benefits offered by the City of St. Charles. By making the available selections on this website I am electing to enroll in those benefit plans and will be subject to the terms of those plans.

I hereby authorize ITTS to deduct from my salary (wages) any deduction that may be required for these benefits. I understand that my election cannot be changed during the year unless I experience a change in family status and the election change is consistent with the family status change and I request enrollment within the appropriate timeframe of this change.

I hereby consent to receiving any required legal notices or Summary Plan Descriptions in electronic format through this website and understand that they are available under the "My Resources" menu. I understand that I may withdraw this consent by sending a written notice of withdrawal and request for written copies of all required notices and summaries to:

National Benefit Alliance
Attn: Notices and SPD Dept
7090 Union Park Ave., Suite 400
Midvale, UT 84047

There are no fees associated with requesting written copies of notices and summaries.

I hereby certify that the statements I make in connection with my enrollment in the benefit plans I select are true and correct to the best of my knowledge. I understand that if I make any material false statement, misrepresentation or omission on this form which changes the risk or deceives any insurer, file statement of claim or application containing any false, incomplete or misleading information I will be guilty of a felony of the third degree.

I also authorize any hospital, physician or other persons who have attended me or examined me or my dependent(s) to disclose, when requested, any or all information with respect to my illness, injury or medical history (may contain HIV/AIDS, psychiatric and/or chemical dependency treatment information) to the claims payer, utilization review company and/or case management company. Plan agrees to comply with all HIPAA privacy regulations. A Photostat copy of this authorization shall be considered as effective and valid as the original.

If this is your first time visiting the website as a new hire, you will see the below, highlighted message:

Our records show that your benefits will become effective during the current plan year and you have not yet enrolled. If you wish to enroll for the remainder of the current plan year: 1/1/2010 - 12/31/2010, please click the "enroll" button.

Click on **View/Edit Current Enrollment** to continue making your elections.

Engineered for life

My Elections My Account My Qualifying Event My Resources My Reports My Contacts Change My Password Logout Welcome: _____


Welcome to the ITT Systems Employee Benefits Website

Benefit Plan Years	
projected dates may change	
Current Plan Year:	1/1/2010 - 12/31/2010
Next Plan Year:	-
Next Open Enrollment:	-

Helpful Links

The following links provide helpful information on your benefits and how to use the Employee Benefit Website. These links are also available in the [My Resources](#) section.

Many of the documents on this site require Adobe Acrobat Reader. Use the link below to download a free copy of Acrobat Reader.



Welcome Message: Welcome to the Benefit Enrollment Website. This website will provide you with important information about the benefits available to you and guide you through choosing those plans that best suit the needs of you and your family.

View Elections	
Current Plan Year Elections:	Our records show that your benefits will become effective during the current plan year and you have not yet enrolled. If you wish to enroll for the remainder of the current plan year: 1/1/2010 - 12/31/2010, please click the "enroll" button.

CITY OF ST. CHARLES Employee Instructions

ADD DEPENDENTS

To add dependents, select Edit Dependents

School District of the City of St. Charles

[My Elections](#) | [My Account](#) | [My Qualifying Event](#) | [My Resources](#) | [My Reports](#) | [My Contacts](#) | [Change My Password](#) | [Logout](#)

Welcome:

My Enrollment Summary [Click here for a printer friendly version](#)

You have not accepted your election changes below. Please do so before your enrollment periods ends.

Important: The changes you make to your elections below will be saved, but not submitted until you click the "accept elections" button. If you do not click the "accept elections" button before your election period ends, changes you have made will be deleted.

Note: If you have reviewed all of your elections on this page and you are finished making changes, please click on the "accept elections" button. Once you have accepted your elections, you will not be able to make changes unless you fill out the appropriate forms or experience a qualifying event.

Participant Summary

Name	Employee Number	DOB	Gender	Relationship	College Student	Disabled
Thirty Tester	TEST30	3/6/1981	F	Employee		

Edit Dependents

Benefit Summary

Click the edit button next to the appropriate benefit to make changes. If there is no edit button, you may have to elect another benefit first in order to be eligible.

Benefit	Coverage	Effective	Amount shown is per pay period		
			Pre-tax Cost	Post-tax Cost	
Medical Insurance	1 Premium Plan Employee Only Thirty Tester	7/18/2011			
Health Care Savings Account	Waived	7/18/2011			
Dental Insurance	Dental High Employee Only Thirty Tester	7/18/2011			
Basic Short Term Disability Insurance	Benefit Based on Years of Service	7/18/2011		\$3.26	View Resc
Basic Life and ADD Insurance	\$25,000.00	7/18/2011			View Resc
Supplemental Dependent Life	Decline	7/18/2011			
Optional Life and ADD	Decline	7/18/2011			
Optional Spouse Life and ADD	Decline	7/18/2011			see Optional Life
Optional Child Life and ADD	Decline	7/18/2011			see Optional Life
Supplemental Life Insurance	Click Resources for more Unum information	7/18/2011			View Resc
Your Payroll Deduction:			\$0.00	\$3.26	

If you have reviewed all of your elections on this page and you are finished making changes, please click on the "accept elections" button.

Accept Elections

Add qualified dependents by selecting Add Dependent

To determine who is a qualified dependent, refer to the resources tab, select Notices and Dependent Eligibility. You will be required to provide proof of eligibility for dependents added for coverage.

Back

Helpful Links

The following links provide helpful information on your benefits. These links are also available in the [My Resources](#) section.

- Dependent Eligibility**
You must provide proof that your dependant(s) added meet the requirements under the plan in order to have their enrollment take effect. You have 30 days to provide this proof to your local Human Resources POC from the qualifying event or change in family status date. Enrollment will take effect retroactive to date of qualifying event / change in family status.

Dependents: Please enter the qualified dependents you want covered under your benefit plans. Who is an eligible dependent is governed by the terms of your various benefit plans. Your plan may have specific requirements for dependent children over a certain age. Please refer to your plan document found in the [My Resources](#) section for more information.

Adding Dependents: To add a dependent, click the "add dependent" button, enter the dependent's information and then click the "save dependent" button.

Removing Dependents: To remove a dependent from your coverage, click by the name of the dependent and remove the checkmark from the "active" box by clicking on the checkmark, then click the "save dependent" button.

Current Dependents

Dependents marked in gray are inactive and can not be assigned coverage.

Name	Relationship	DOB	Gender	College Student	Disabled	Status

Add Dependent

CITY OF ST. CHARLES Employee Instructions

Fill in blank fields. All fields with a * are required to continue. SSN is required for children over two years. If you are entering a new born, please provide the SSN as soon as possible.

If address of dependent is the same as the employee's, leave the box checked. Insurance cards will be sent to employee's address. Uncheck if you would like insurance cards to go to the dependent's address.

My Dependents Back

Helpful Links

The following links provide helpful information on your benefits. These links are also available in the [My Resources](#) section.

- Dependent Eligibility**
You must provide proof that your dependent(s) added meet the requirements under the plan in order to have their enrollment take effect. You have 30 days to provide this proof to your local Human Resources POC from the qualifying event or change in family status date. Enrollment will take effect retroactive to date of qualifying event / change in family status.

Dependents: Please enter the qualified dependents you want covered under your benefit plans. Who is an eligible dependent is governed by the terms of your various benefit plans. Your plan may have specific requirements for dependent children over a certain age. Please refer to your plan document found in the [My Resources](#) section for more information.

Adding Dependents: To add a dependent, click the "add dependent" button, enter the dependents information and then click the "save dependent" button.

Removing Dependents: To remove a dependent from your coverage, click by the name of the dependent and remove the checkmark from the "active" box by clicking on the checkmark, then click the "save dependent" button.

Name	Relationship	DOB	Gender	College Student	Disabled	Status
Add Dependent						

Edit Dependent Information

Please see your [Plan Description](#) for dependent eligibility. Willfully enrolling a non-eligible person is against plan policy and will result in denial of claims.

*First Name:	Jane	*Birth Date: MM/YYYY	1/1/1960
Middle Initial:		*Gender:	F
*Last Name:	Doe	Active	<input checked="" type="checkbox"/>
Suffix:		*Relationship:	Spouse
SSN / ITIN: <small>required for dependents 2 years or older</small>	123 45 6789	<input type="checkbox"/> Dependent is also employed by ITTS	
	<input type="checkbox"/> Non US Citizen		
Address:	Same as Employee's: <input checked="" type="checkbox"/>		

Cancel Save Dependent

You can remove a dependent who is no longer eligible for coverage by unselecting the Active box. Click Save Dependent to save changes.

Name	Relationship	DOB	Gender	College Student	Disabled	Status
Jane Doe	Spouse	1/1/1960	F	<input type="checkbox"/>	<input type="checkbox"/>	Active

Dependent Information

Please see your [Plan Description](#) for dependent eligibility. Willfully enrolling a non-eligible person is against plan policy and will result in denial of claims.

*First Name:	Jane	*Birth Date: MM/YYYY	1/1/1960
Middle Initial:		*Gender:	F
*Last Name:	Doe	Active	<input checked="" type="checkbox"/>
Suffix:		*Relationship:	Spouse
SSN / ITIN: <small>required for dependents 2 years or older</small>	123 45 7894	<input type="checkbox"/> Dependent is also employed by ITTS	
	<input type="checkbox"/> Non US Citizen		
Address:	Same as Employee's: <input checked="" type="checkbox"/>		

Cancel Save Dependent

CITY OF ST. CHARLES Employee Instructions

MAKING YOUR ELECTIONS

Select the Back button from the dependent screen. My Enrollment Summary will come up; you can add/edit any election that has a green Edit button to the right.

My Enrollment Summary

You have not accepted your election changes below. Please do so before your enrollment periods ends.

Important: The changes you make to your elections below will be saved, but not submitted until you click the "accept elections" button. If you do not click the "accept elections" button before your election period ends, the changes you have made will be deleted.

Note: If you have reviewed all of your elections on this page and you are finished making changes, please click on the "accept elections" button. Once you have accepted your elections, you will not be able to make changes unless you fill out the appropriate forms or experience a qualifying event.

Participant Summary						
Name	Employee Number	DOB	Gender	Relationship	College Student	Disabled
Thirty Tester	TEST10	3/8/1981	F	Employee		

[Edit Dependents](#)

Benefit Summary					
Benefit	Coverage	Effective	Amount shown is per pay period		Edit
			Pre-tax Cost	Post-tax Cost	
Medical Insurance	1 Premium Plan Employee Only Thirty Tester	7/18/2011			Edit
Health Care Savings Account	Waived	7/18/2011			Edit
Dental Insurance	Dental High Employee Only Thirty Tester	7/18/2011			Edit
Basic Short Term Disability Insurance	Benefit Based on Years of Service	7/18/2011		\$3.20	View Resources
Basic Life and ADD Insurance	\$25,000.00	7/18/2011			View Resources
Supplemental Dependent Life	Decline	7/18/2011			Edit
Optional Life and ADD	Decline	7/18/2011			Edit
Optional Spouse Life and ADD	Decline	7/18/2011			View Resources
Optional Child Life and ADD	Decline	7/18/2011			View Resources
Supplemental Life Insurance	Click Resources for more Unum information	7/18/2011			View Resources
Your Payroll Deduction			\$0.00	\$3.26	

[Accept Elections](#)

Open each of your benefits and elect a plan from the drop-down menu. The dependents you entered into the system will show in the Participants Covered section. Check the boxes of the dependents that you want added to this benefit.

Edit Medical [Back to Enrollments](#)

Instructions: To make changes to your health and wellness benefit

- Choose the plan you wish to elect for yourself (including Waived) using the "Employee Plan Election" drop-down list.
- Check all of your dependents who will be covered under the same plan.

Note: any dependent not checked will waive coverage.

Dependents: If you do not see a dependent that you wish to cover, you must first enter that dependent in our system. Return to this page when you are finished to select coverage for your newly added dependents. To edit your dependents, click here to [Add or Edit Dependents](#).

Dependent Only Coverage: Some plan rules may allow you to elect a different plan for your dependents than yourself. If so, you will see additional fields appear once you choose your "Employee Plan Election":

- Select the appropriate dependent plan using the "Dependent Plan election" drop-down list
- Check all the dependents who will be covered under the dependent plan

Available Plans: To see a list of all available plans and coverage levels, click the plus button.

Resources: To view forms, FAQs and other resources associated with this benefit, click the plus button.

Employee Medical Election			
Employee Plan Election:	Base Plan	Pre Tax	Post Tax
CSCSD Anthem BCBS MO Base Plan		\$0.00	\$0.00
Employee Only		\$188.83	\$0.00
Employee + Spouse		\$144.39	\$0.00
Employee + Child(ren)		\$366.53	\$0.00
Family			

Participants Covered:

Jane Doe

John Doe

[Submit](#) [Cancel](#)

Current Election			
Name	Current Election	Waived	Effective Date
Jane Doe	Waived	No Coverage	5/1/2011
John Doe	Waived	No Coverage	5/1/2011

ELECTING SUPPLEMENTAL PLANS

Read the instructions in the supplemental plans carefully. Most life plans have a guaranteed issue amount, any amount that exceeds the guaranteed issue will require that you fill out and submit an Evidence of Insurability Form

Edit Supp. Life

Election Chart	
Election Rules	The rules and rates for this benefit are based on your Age at the beginning of the plan year. No Dependent is Required to elect this benefit.
Maximum Election	Your election may not exceed \$300,000.00. You must elect a minimum of \$10,000.00.
Rate	\$0.26 per \$1,000.00 of coverage monthly.
Amounts	You can select elections in increments of \$10,000.00
Guaranteed Issue	<p>If the amount you wish to elect exceeds \$200,000.00, your guaranteed issue, you will be required to use the following form/link and submit the requested information to your insurance carrier.</p> <ul style="list-style-type: none"> Anthem Life EOI

Note Guaranteed Issue Amount. If your election exceeds that, you will be required to submit an EOI.

Supp. Life Benefit Information											
Employee Date of Birth	1/1/1960										
Plan:	CSCSD Anthem BCBS MO										
Election:	<div style="border: 1px solid red; padding: 5px;"> <table border="1"> <tr><td>\$ 0.00</td></tr> <tr><td>10,000.00</td></tr> <tr><td>20,000.00</td></tr> <tr><td>30,000.00</td></tr> <tr><td>40,000.00</td></tr> <tr><td>50,000.00</td></tr> <tr><td>60,000.00</td></tr> <tr><td>70,000.00</td></tr> <tr><td>80,000.00</td></tr> <tr><td>90,000.00</td></tr> </table> </div>	\$ 0.00	10,000.00	20,000.00	30,000.00	40,000.00	50,000.00	60,000.00	70,000.00	80,000.00	90,000.00
\$ 0.00											
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50,000.00											
60,000.00											
70,000.00											
80,000.00											
90,000.00											
Premium: per pay period	\$ 0.00										
<p>The following benefits depend on your election for this benefit:</p> <ul style="list-style-type: none"> If Supp. Life is waived, you also waive Supp. Child Life If Supp. Life is waived, you also waive Supp. Spouse Life 											
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>											

The amount of coverage you elect will determine your per pay amount.

The following benefits depend on your election for this benefit:

- If Supp. Life is waived, you also waive Supp. Child Life
- If Supp. Life is waived, you also waive Supp. Spouse Life

In order to elect supplemental child and supplemental spouse, you must elect supplemental life.

LIFE BENEFICIARIES

At the bottom of the Enrollment Summary screen you can view your life beneficiaries. If you have not entered a beneficiary, click on the edit button

Basic Life Beneficiaries	
Primary	Contingent
100.00 % Jane Doe	100.00 % Jane Doe
Supplemental Life Beneficiaries	
Primary	Contingent
100.00 % Unallocated	100.00 % Unallocated

[Edit](#)

In this screen you can add or edit a beneficiary. You may have multiple beneficiaries for your basic and supplemental life plans. The system allows you to allocate the percentage per beneficiary.

My Beneficiaries [Back to Enrollment](#)

Basic Life Allocations

Primary

100.00 % Jane Doe [Change Allocations](#)

Contingent

100.00 % Jane Doe [Change Allocations](#)

Supplemental Life Allocations

Primary

100.00 % Unallocated [Change Allocations](#)

Contingent

100.00 % Unallocated [Change Allocations](#)

Allocations: The percentages shown, indicate the beneficiaries you have entered and the allocations you have assigned them. To change percentages click "Change Allocations", enter the percentages you wish to assign your beneficiaries, and click "save". Your allocations must total 100% for your allocations to be saved.

Add Beneficiaries: To add a beneficiary, click "add" at the top of the beneficiary list and use the form to add an individual or trust to your beneficiaries.

Edit Beneficiaries: To edit a beneficiary, click "edit" next to the individual or trust you wish to edit. To change a beneficiary from primary to contingent, mark the checkbox named "Contingent". To change a beneficiary from contingent to primary, unmark the same checkbox.

Delete Beneficiaries: To delete a beneficiary, click "edit" next to the beneficiary and then click the delete button at the bottom of the form.

Life Beneficiaries							
Type	Name	Relation	Date of Birth	Gender	Phone	Address	
Individual	Jane Doe	Spouse	4/12/1973	M	2193641918	3669 Gateman Street, Portage, Indiana, USA 46368	Edit
Individual	Jane Doe	Spouse	4/12/1973	M	2193641918	3669 Gateman Street, Portage, Indiana, USA 46368	Edit
Add							

My Beneficiaries

Basic Life Allocations

Primary

100.00 % Jane Doe [Change Allocations](#)

Contingent

100.00 % Jane Doe [Change Allocations](#)

Supplemental Life Allocations

Primary

Allocation	Name	Relation
<input type="text" value="50"/> %	Jane Doe	Spouse
<input type="text" value="50"/> %	John Doe	Child
<input type="text" value="100"/> %	Jane Doe	Spouse
0% : Total		(100% left to allocate)

[Save](#) [Cancel](#)

Contingent

100.00 % Unallocated [Change Allocations](#)

You can allocate a percentage of your insurance policy to multiple beneficiaries up to a total of 100%.

Beneficiaries can be individuals or a trust.

ACCEPTING AND PRINTING ELECTIONS

Once you have made all of your elections you need to click on the Accept Elections button. You will then be prompted on the next screen to Submit Elections.

My Enrollment Summary

You have not accepted your election changes below. Please do so before your enrollment periods ends.

Important: The changes you make to your elections below will be saved, but not submitted until you click the "accept elections" button. If you do not click the "accept elections" button before your election period ends, the changes you have made will be deleted.

Note: If you have reviewed all of your elections on this page and you are finished making changes, please click on the "accept elections" button. Once you have accepted your elections, you will not be able to make changes unless you fill out the appropriate forms or experience a qualifying event.

Participant Summary						
Name	Employee Number	DOB	Gender	Relationship	College Student	Disabled
Thirty Tester	TEST30	3/6/1981	F	Employee		

[Click here for a printer friendly version of this page.](#)

Benefit Summary						
Benefit	Coverage	Effective	Amount shown is per pay period			
			Pre-tax Cost	Post-tax Cost		
Medical Insurance	1 Premium Plan Employee Only Thirty Tester	7/18/2011				Edit
Health Care Savings Account	Waived	7/18/2011				see Medical
Dental Insurance	Dental High Employee Only Thirty Tester	7/18/2011				Edit
Basic Short Term Disability Insurance	Benefit Based on Years of Service	7/18/2011		\$3.38		View Resources
Basic Life and ADD Insurance	\$25,000.00	7/18/2011				View Resources
Supplemental Dependent Life	Decline	7/18/2011				Edit
Optional Life and ADD	Decline	7/18/2011				Edit
Optional Spouse Life and ADD	Decline	7/18/2011				see Optional Life and ADD
Optional Child Life and ADD	Decline	7/18/2011				see Optional Life and ADD
Supplemental Life Insurance	Click Resources for more Unum information	7/18/2011				View Resources
Your Payroll Deduction			\$0.00	\$3.26		

If you have reviewed all of your elections on this page and you are finished making changes, please click on the "accept elections" button.

[Accept Elections](#)

Basic Life Beneficiaries	
Primary	Contingent
100.00 %Unallocated	100.00 %Unallocated

Supplemental Life Beneficiaries	
Primary	Contingent
100.00 %Unallocated	100.00 %Unallocated

[Edit](#)

After you have selected Submit Elections, you will be unable to change your pretax deductions. **If you are within the 30 day new hire window and want to make a change to your pretax deductions, you will need to contact your Benefits Specialist to have the site reopened.**

Accept Enrollment Summary

[Back to Enrollments](#)

Please read before you submit your elections: If you have reviewed all of your elections on this page and you are finished making changes, please click the "Submit" button. If you wish to go back and make changes, click the "cancel" button.

IMPORTANT: Once you have submitted your elections you will not be able to make further changes via this website.

[Submit Elections](#)

[Cancel](#)

CITY OF ST. CHARLES Employee Instructions

You are encouraged to print a copy of your enrollment summary.

[Back to Enrollments](#)

Accept Enrollment Summary

Thank you: Thank you for using the Employee Benefit Website to make your elections. If you have any questions about your benefits, please visit [My Resources](#) or return to the [Welcome](#) page and contact your Company Benefit Representative.

Print Elections: For your records, we suggest that you print a copy of your elections. To print a copy, click "My Elections" in the menu and return to your enrollment screen. At the top of your Enrollment Summary page is a link to create a printer friendly version of the page that you can print for your records.

Log out: For security purposes, please log out of this website when you are finished.

[Logout](#)

Click on the [Back to Enrollments](#) button, then [Click here](#) for a printer friendly version of this page.

Your enrollment summary will be produced in a PDF document. You will want to print the summary for your records or email it to yourself. To email, select File/Attach to Email.

Enrollment Accepted: 05/17/2011 09:55:19

	DOB	Gender	Relationship	Student	Medical	Dental	Vision
DOE, JOHN	01/01/1960	F	Employee		■	■	□
	01/01/1959	M	Spouse		■	■	□

Benefit	Plan Election	Coverage	Effective	Pre-Tax	Post Tax
Medical	Base Plan	Employee + Spouse	05/01/2011	\$188.83	
Dental	Dental High	Employee + Spouse	05/01/2011	\$22.47	
Basic STD	289		05/01/2011		
Basic Life and ADD	50000		05/01/2011		
Supp. Dep Life	Waived		05/01/2011		
Supp. Life	100000		05/01/2011		\$14.18
Supp. Spouse Life	25000 (50000 Pending Approval)		05/01/2011		\$3.55
Supp. Child Life	Waived		05/01/2011		
Supp. ADD	Waived		05/01/2011		

Important Things to Know

- The website will save all changes you have made to your elections. If you log out without selecting Accept Elections, the changes you made will be there the next time you log in.
- You can print off your elections prior to accepting them so that you can review them.
- It is important that you verify all of your dependents, beneficiaries and elections.
- You must select Accept Elections **AND** Submit Elections or your elections will not be saved and sent to the providers.

MY CONTACTS

If you have questions about your benefits, the website or need to have your site reopened in your 30 day new hire window, you can find contact names and numbers in the My Contacts tab.

My Elections My Account My Qualifying Event My Resources My Reports **My Contacts** Editing: Jane D...

My Contacts

My Contacts: Listed below are the contacts that can help answer questions about your benefits. If you can't find the answers you are looking for on this website, please use the contacts below, or contact your Company Benefit Representative.

Kelley Pendleton, Benefits Specialist - Benefit & Premium Questions 636-443-4047 phone 636-443-4001 fax kpendleton@mail.stcharles.k12.mo.us	Susan Peterson, Sr. Benefit Administrator - Enrollment Questions 7090 Union Park Ave. Suite #400 Midvale, UT, USA 84047 800-390-1224 x224 phone 800-511-2124 fax SPeterson@CBIZ.com	Asha Timchenko, Account Manager - Issues with Carriers 1 Cityplace Drive Suite 570 St. Louis, MO, USA 63141 314-692-2249 x234 phone 314-692-4222 fax atimchenko@cbiz.com
Debbie Zwicky, Benefits Specialist-Retiree and COBRA 636-443-4011 phone dzwicky@mail.stcharles.k12.mo.us	Contact CBIZ National Benefit Alliance if you are having problems with the website, or require enrollment assistance.	Contact CBIZ Benefits and Insurance if you have questions or issues regarding your coverage.

City of St. Charles benefits contacts for active, retired and COBRA participants.

CITY OF ST. CHARLES Employee Instructions

MY RESOURCES PAGE



My Resources

Printed Copies
If you would like to receive a written copy of any notices or Summary Plan Descriptions, you may do so by sending a written request to:

National Benefit Alliance
Attn: Notices & SPD Dept.
7090 Union Park Avenue, Suite 400
Midvale, UT 84047

Please include your employer name, your name, your mailing address and the name of the document that you are requesting.

My Resource Links
Many of the documents on this site require Adobe Acrobat Reader. Use the link below to download a free copy of Acrobat Reader.

Resources: The following forms, files and links are available to help you enroll, manage and use your benefit plans. Please refer to these documents to find forms for your plans and descriptions of your benefits.

Resource Types	
Benefit Summaries	These files are summaries of each benefit available to you as a benefits eligible employee. Some of these benefits are automatically provided to you. Some of them are optional and you must enroll in the plan to receive the coverage.
Forms	These files may be needed to enroll in certain benefits or to change elections.
Frequently Asked Questions	These are answers to common questions and topics.
Newsletters	These files contain information that may be interesting or helpful to you.
Notices	These files are important notices regarding your benefits.
Providers	These links will direct you to provider resources for your benefits.
Summary Plan Descriptions	These files are Summary Plan Descriptions for the benefit plans offered by your employer.

Select the My Resources Tab. Click on an arrow to open the resource that you want to view. Resources consist of Benefit Summaries, Summary Plan Descriptions, Links to your provider, Informative Notices, Supplemental plan forms, etc....

Benefit Summaries Resource List

[Back to My Resources](#)

These files are summaries of each benefit available to you as a benefits eligible employee. Some of these benefits are automatically provided to you. Some of them are optional and you must enroll in the plan to receive the coverage. Click on a subject name to jump directly to that topic or scroll down.

- Dental
- Flexible Spending Account
- Life & Disability Insurance
- Medical

My Resources links:

- [Benefit Summaries](#)
- [Forms](#)
- [FAQs](#)
- [Newsletters](#)
- [Notices](#)
- [Providers](#)
- [SPDs](#)

Many of the documents on this site require Adobe Acrobat Reader. Use the link below to download a free copy of Acrobat Reader.

Dental back to top	
1.	Anthem Dental High Summary Dental Insurance
2.	Anthem Dental Low Summary Dental Insurance
Flexible Spending Account back to top	
1.	FSA Summary Flexible Savings Account - Medical
Life & Disability Insurance back to top	
1.	Voluntary Life Summary Basic Life and ADD Insurance
2.	STD Summary Basic Short Term Disability Insurance
3.	Basic Life Summary Basic Life and ADD Insurance
Medical back to top	
1.	Anthem HSA Summary Health Savings Account
	Anthem Base Summary

The resource will expand to display the benefit information. You can print the document from this page.

QUALIFYING EVENT



A qualified event is an event that allows you to make changes in your benefit elections outside of open enrollment. Examples of these events are marriage, birth, adoption, losing/gaining dependent status, divorce and loss of other coverage. Open the **My Qualifying Event** Tab to enter an event.

Select a qualifying event from the drop-down list below.

The screenshot shows the 'My Qualifying Event' form. The 'Event' dropdown menu is open, showing options: Court Order, Death of Dependent, Dependent Add Coverage, Dependent Remove Coverage, Divorce, Gain Child, Gain Other Coverage, Loss of Other Coverage, and Marriage. A red arrow points to the dropdown menu.

The event must be entered within 30 days of occurring and you must provide documentation within 30 days as well. Enter date of event and select Begin Event

The screenshot shows the 'My Qualifying Event' form. The 'Event' dropdown menu is set to 'Gain Child', the 'Date of Event' is '01/01/2010', and the 'Begin Event' button is highlighted with a red box.

CITY OF ST. CHARLES Employee Instructions

The following screen will come up. Required Documents are given here as well as a deadline to provide them to your POC.

From this page you can add or remove a dependent.

Below is a history of recent Qualifying Events. Check here to see if your Qualifying Event has been approved or denied.

no previous qualifying events found

Qualifying Events: A qualified event is an event that allows you to make changes in your benefit elections during the plan year. Examples of these events are marriage, birth, adoption, a dependent losing/gaining dependent status, divorce and loss of other coverage.

Documentation: For any of these changes, you will need to provide documentation within 30 days of the event. These changes will not take effect until you provide your Company Benefit Representative with the required documentation. If you do not provide this documentation with the 30 day period you will need to wait until the next open enrollment period to make the change.

Qualifying Event Type

Choose the type of Qualifying Event you are experiencing.

Benefit Plan year: This qualifying event will affect your benefits for the 1/1/2010 - 12/31/2010 plan year.

Event: Gain Child

Date of Event: 7/1/2010
MM/YYYY

Required Documents: Birth Certificate / Adoption Papers / Legal Guardianship Document

Deadline: You have until 7/30/2010 to accept your Qualifying Event elections below and provide the documentation above on your Qualifying Event.

To cancel this Qualifying Event, please click the "cancel" button. Cancel

Allowed Changes: Your qualifying event allows you to:

- Add a new dependent. [click here](#)
- Add coverage for new dependent:
 - [Add Accident Coverage](#)
 - [Add Dental Coverage](#)

If you have reviewed all of your elections on this page and you are finished making changes, please click the "accept elections" button. Accept Elections

Enter new dependent information if your qualifying event is a new dependent change.

Select **Back to Qualifying Event** and then click on **Add Medical Coverage** and/or **Add Dental Coverage** if you want the new dependent covered under your elections.

Qualifying Event Dependents
Back to Qualifying Event

Dependents: Please enter the qualified dependents you want covered under your benefit plans. Who is an eligible dependent is governed by the terms of your various benefit plans. Your plan may have specific requirements for dependent children over a certain age. Please refer to your plan document found in the [My Resources](#) section for more information.

Adding Dependents: To add a dependent, click the "add dependent" button, enter the dependent's information and then click the "save dependent" button.

Removing Dependents: To remove a dependent from your coverage, click on the name of the dependent and remove the checkmark from the "active" box by clicking on the checkmark, then click the "save dependent" button.

Current Dependents Add Dependent

Dependents marked in gray are inactive and can not be assigned coverage.

Name	Relationship	DOB	Gender	College Student	Disabled

Edit Dependent Information

Please see your [Plan Description](#) for dependent eligibility. Willfully enrolling a non-eligible person is against plan policy and will result in denial of claims.

<p>*First Name: <input type="text" value="Mrs"/></p> <p>Middle Initial: <input type="text"/></p> <p>*Last Name: <input type="text" value="Smith"/></p> <p>Suffix: <input type="text"/></p> <p>Active: <input checked="" type="checkbox"/></p>	<p>*Birth Date: <input type="text" value="01/01/1960"/> <small>MM/YYYY</small></p> <p>*Gender: <input type="text" value="F"/></p> <p>SSN: <input type="text" value="021 54 8221"/></p> <p><input type="checkbox"/> Dependent is also employed by</p> <p><input type="checkbox"/> Non US Citizen</p> <p>*Relationship: <input type="text"/></p> <p style="font-size: small;"> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Step Child </p>
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Cancel
Save Dependent

CITY OF ST. CHARLES Employee Instructions

The system will automatically update your coverage level to allow for the new dependent or for a dependent removed from coverage. If you have Employee Only and add a spouse for example, the system will change your coverage to Employee +One.

You must check the participants covered box to enroll them in an election.

Qualifying Event Edit Medical Benefit
Back to QE

Employee Medical Election

Deductions shown are per pay period.

Plan Election: HMSA PPP

Coverage Levels:	Pre Tax	Post Tax
Employee Only	\$20.58	\$0.00
Employee + One	\$43.92	\$0.00
Family	\$65.50	\$0.00

Participants Covered:
 KEN
 Mrs Smith

Submit
Cancel

Current Election

Participant	Plan	Coverage Level	Effective Date
KEN M ABIGANIA	HMSA PPP	Employee Only	8/1/2010
Mrs Smith	Waived	No Coverage	8/1/2010

Instructions: To make changes to your health and wellness benefit.

- Choose the plan you wish to elect for yourself (including Waived) using the "Employee Plan Election" drop-down list.
- Check all of your dependents who will be covered under the same plan.

Note: any dependent not checked will waive coverage.

Dependents: If you do not see a dependent that you wish to cover, you must first enter that dependent in our system. Click "Back to QE" to return to your Qualifying Event and add new dependents. Return to this page when you are finished to select coverage for your newly added dependents.

Dependent Only Coverage: Some plan rules may allow you to elect a different plan for your dependents than yourself. If so, you will see additional fields appear once you choose your "Employee Plan Election":

- Select the appropriate dependent plan using the "Dependent Plan election" drop-down list
- Check all the dependents who will be covered under the dependent plan

Available Plans: To see a list of all available plans and coverage levels, click the plus button.

Resources: To view forms, FAQs and other resources associated with this benefit, click the plus button.

Once you have completed your Qualifying Event, be sure to click on the Accept Elections button below. **Your Benefit Specialist will need to approve the QE. The changes will not be effective until the necessary documentation is provided to your Benefits Specialist and approved.**

Below is a history of recent Qualifying Events. Check here to see if your Qualifying Event has been approved or denied.

no previous qualifying events found

Qualifying Event Resources

Qualifying Events: A qualified event is an event that allows you to make changes in your benefit elections during the plan year. Examples of these events are marriage, birth, adoption, a dependent losing/gaining dependent status, divorce and loss of other coverage.

Documentation: For any of these changes, you will need to provide documentation within 30 days of the event. These changes will not take effect until you provide your Company Benefit Representative with the required documentation. If you do not provide this documentation with the 30 day period you will need to wait until the next open enrollment period to make the change.

Qualifying Event Type

Choose the type of Qualifying Event you are experiencing.

Benefit Plan year: This qualifying event will affect your benefits for the 1/1/2010 - 12/31/2010 plan year.

Event: Gain Child

Date of Event: 7/1/2010

Required Documents: Birth Certificate / Adoption Papers / Legal Guardianship Document

Deadline: You have until 7/30/2010 to accept your Qualifying Event elections below and provide the documentation above on your Qualifying Event.

To cancel this Qualifying Event, please click the "cancel" button. Cancel

Allowed Changes: Your qualifying event allows you to:

- Add a new dependent. [click here](#)
- Add coverage for new dependent
 - [Add Medical Coverage](#)
 - [Add Dental Coverage](#)

If you have reviewed all of your elections on this page and you are finished making changes, please click the "accept elections" button. Accept Elections