

PeopleSoft

PeopleSoft 9.2 Benefits Life Event Management

Job Aid

1.0 Overall Business Process

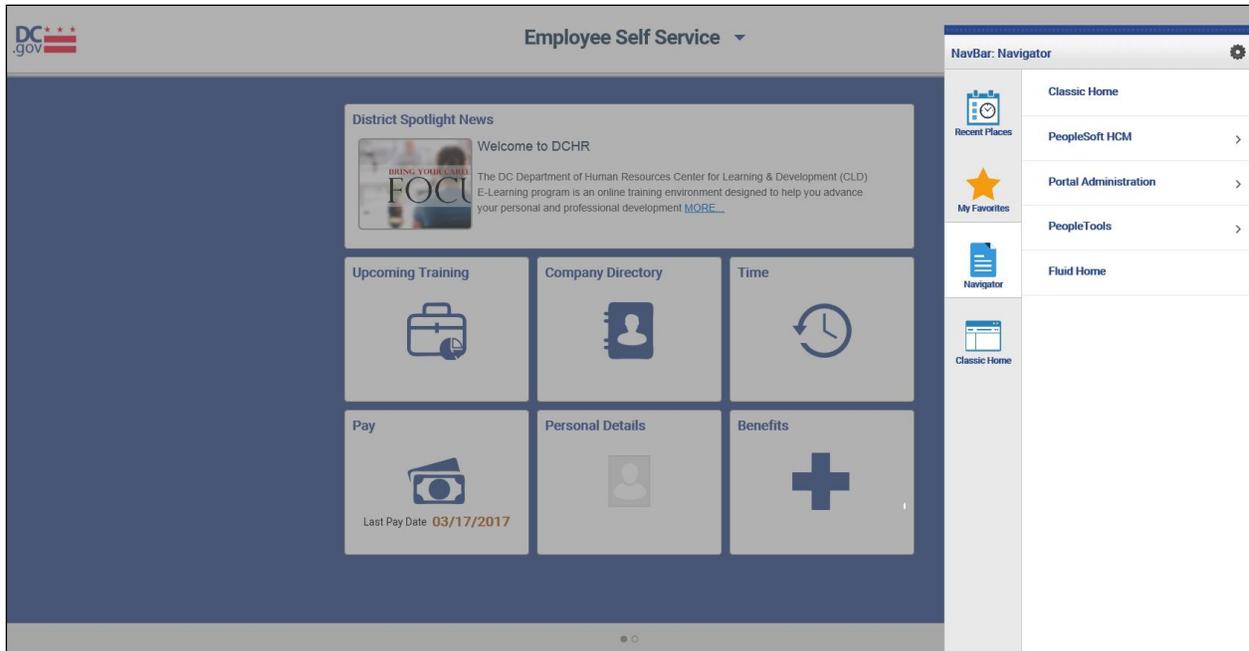
eBenefits comprises self-service web transactions that interact with the PeopleSoft Human Resources (HR) system. Employees use eBenefits to review, add, and update their benefits information. eBenefits transactions include:

- Benefit event management.
- Document Upload
- Benefits Information
- Dependent and beneficiary information.
- Form 1095-C View/Consent

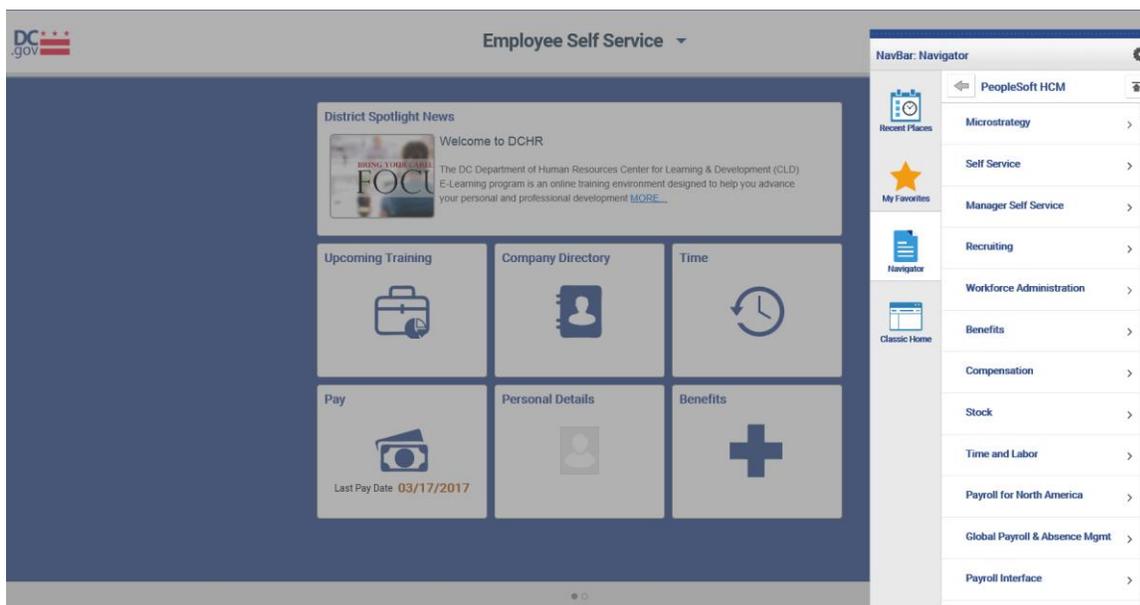
1.0.1 Navigation

Navigation to self-service Benefits folder

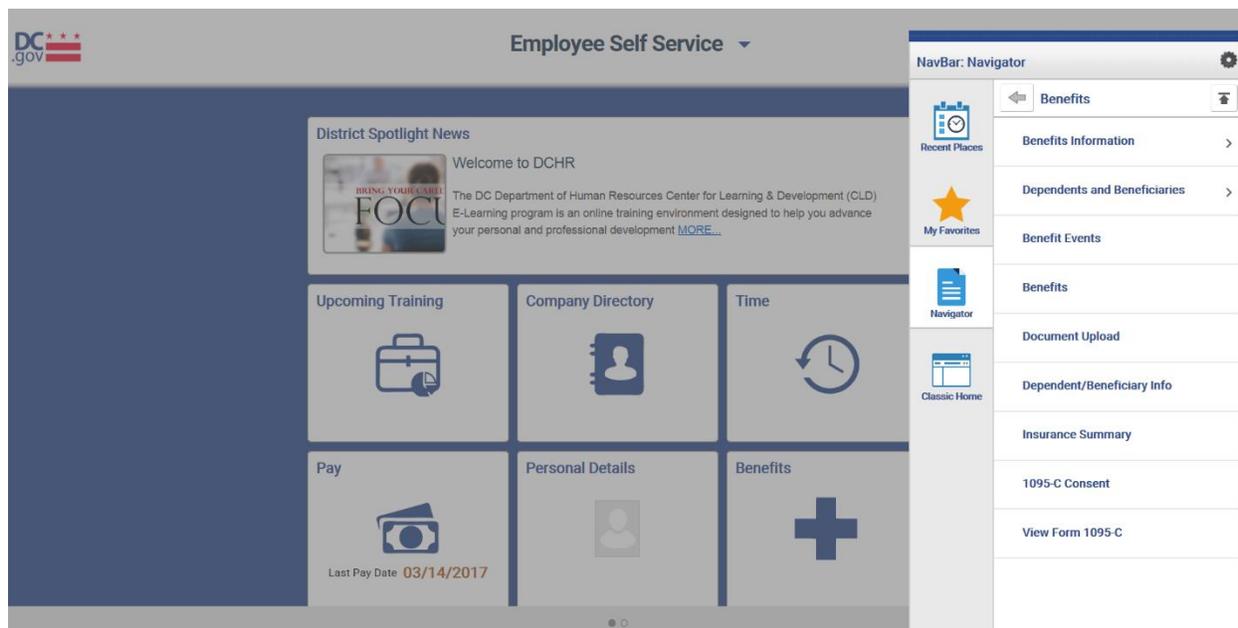
Step	Action
1.	Begin by navigating to the Navigation Bar icon . Click the Navigation Bar icon. 
2.	Click on the Navigator icon 



Step	Action
3.	<p>Click the PeopleSoft HCM link.</p> <p style="text-align: center;">PeopleSoft HCM ></p> <p>The modules will display under the PeopleSoft HCM</p>



Step	Action
4.	Click on the Self-Service link. <div style="background-color: yellow; padding: 5px; text-align: center; margin: 10px 0;">Self Service</div> Self-service modules will display under Self-service



Step	Action
4.	Click on the Benefits link. <div style="background-color: yellow; padding: 5px; text-align: center; margin: 10px 0;">Benefits</div> Benefits Self-service pages will display under Benefits

1.1 Benefit event management

Benefit Event transactions can streamline the Benefit event process for employees by enabling them to update personal data and then change their benefit enrollments, all from one self-service transaction.

Benefit events include:

- I got Married
- I had baby
- I adopted or gained legal custody/guardianship of a child

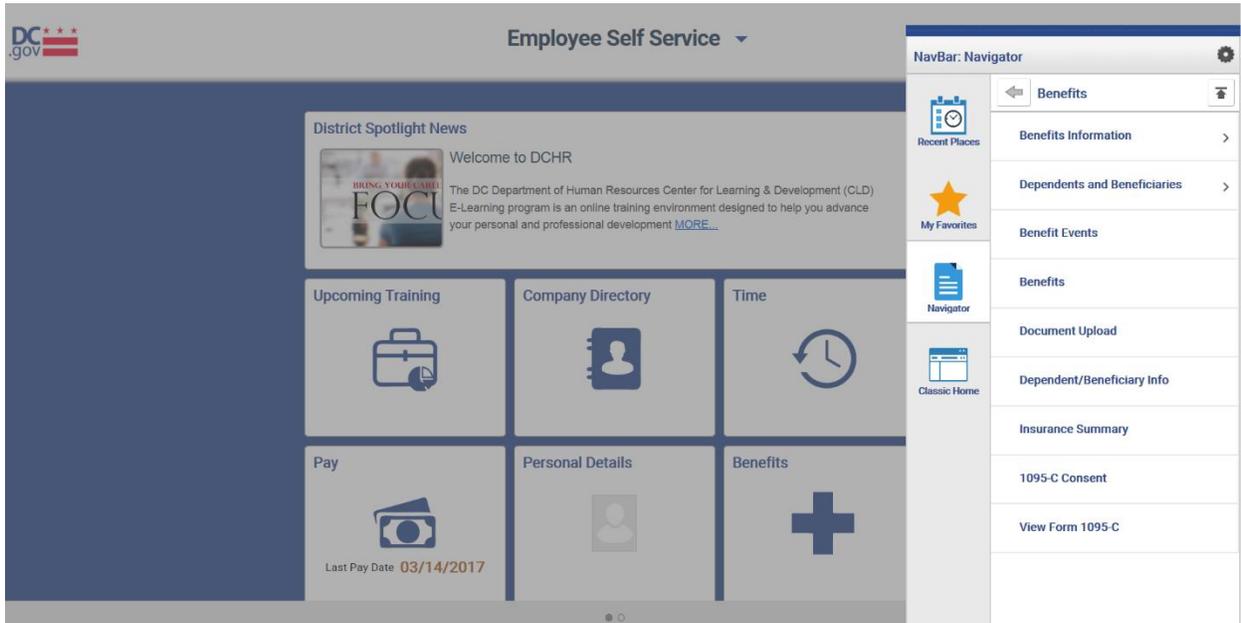
- I got divorced/legally separated
- I am hired
- Open Enrollment
- Commuter Benefits
- Qualifying Event for Domestic Partner
- 457 Enrollment
- Loss of Coverage

1.1.1 Process Steps for Employee

Benefit event 'I got married' is being used as an example, steps are similar for all events except for few required tasks. Document upload is not required step for the following events:

- I am hired
- Open Enrollment
- Commuter Benefits
- 457 Enrollment

1.1.1.1 Submit Benefit Event



Benefit Events

Select Your Event

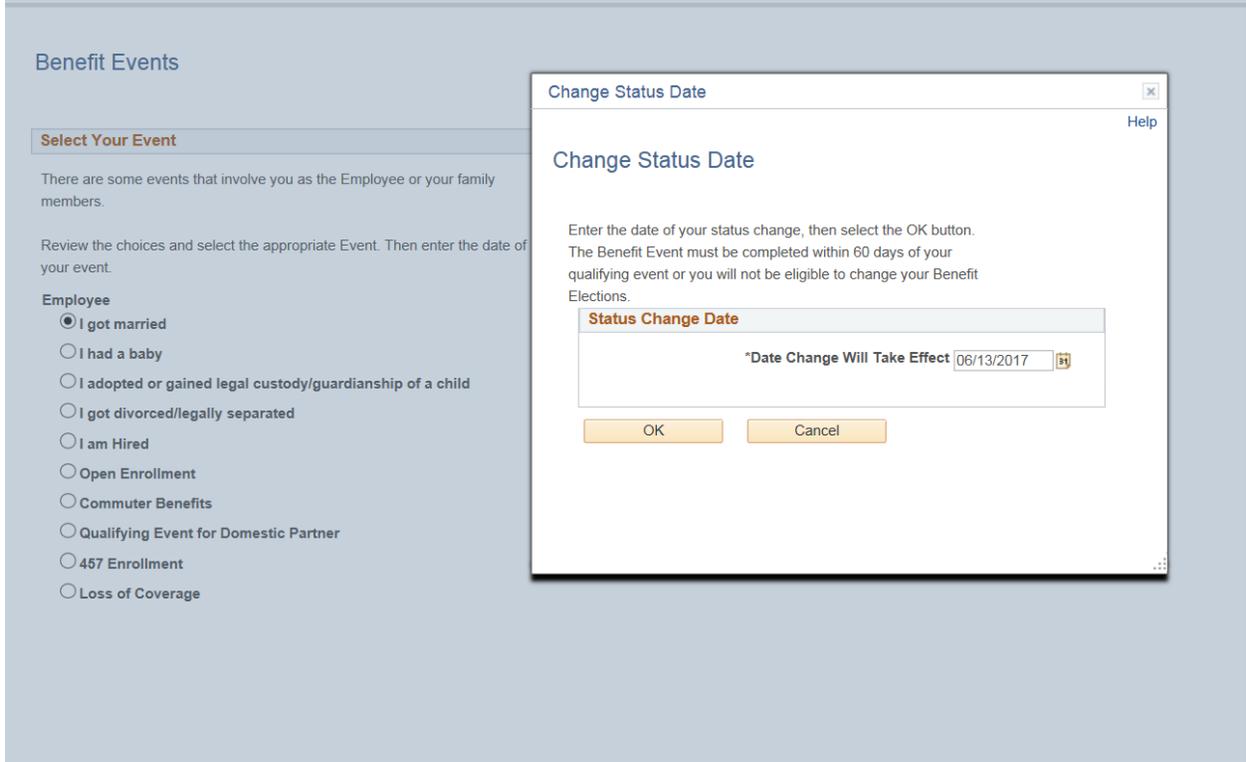
There are some events that involve you as the Employee or your family members.

Review the choices and select the appropriate Event. Then enter the date of your event.

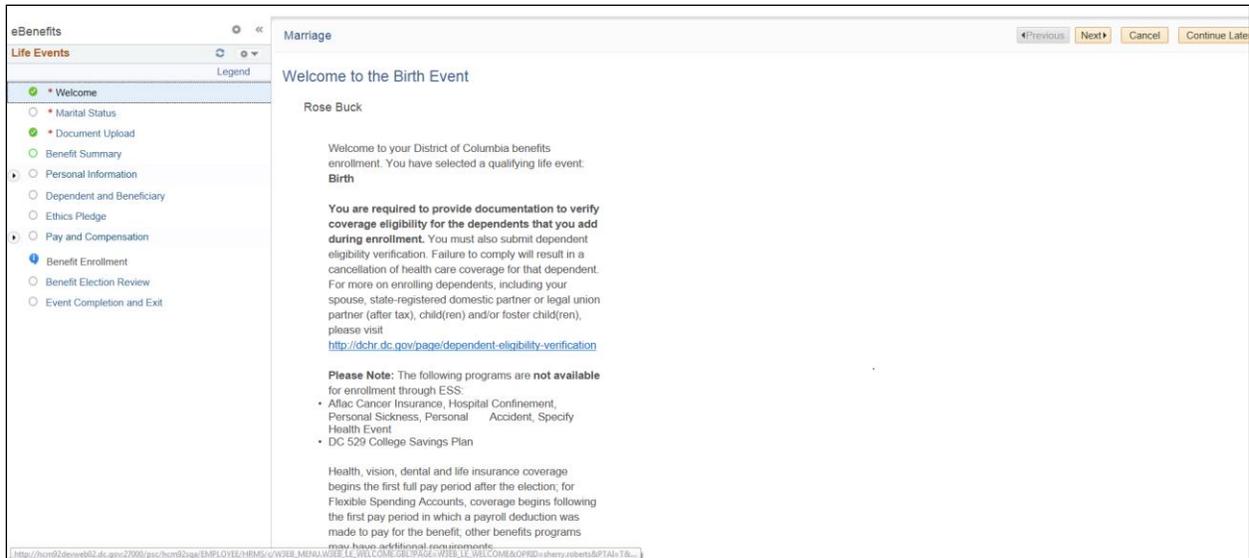
Employee

- I got married
- I had a baby
- I adopted or gained legal custody/guardianship of a child
- I got divorced/legally separated
- I am Hired
- Open Enrollment
- Commuter Benefits
- Qualifying Event for Domestic Partner
- 457 Enrollment
- Loss of Coverage

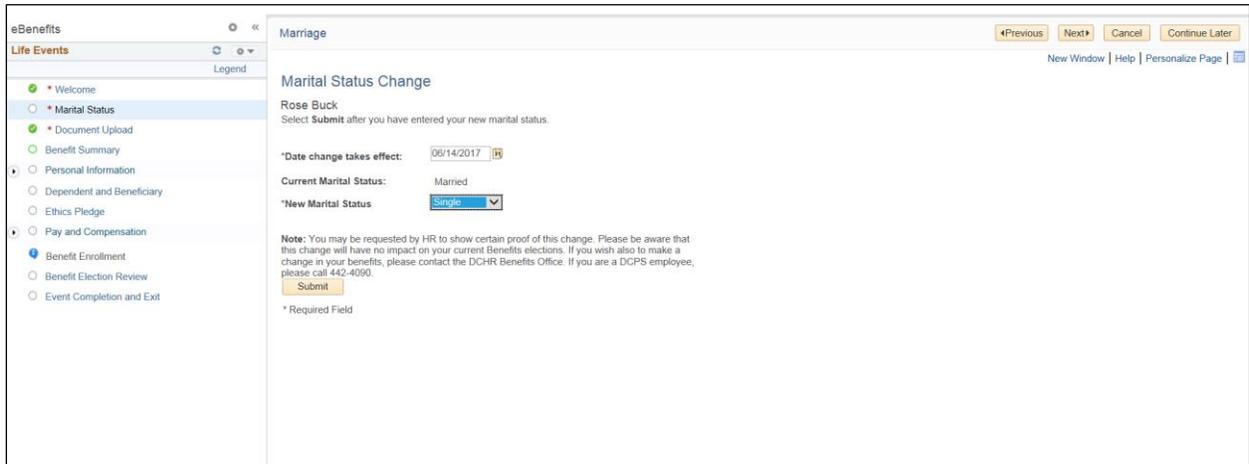
Step	Action
1.	Click on the Benefit Events link. Benefit Events Benefits events will display under this page
2.	Select 'I got married'



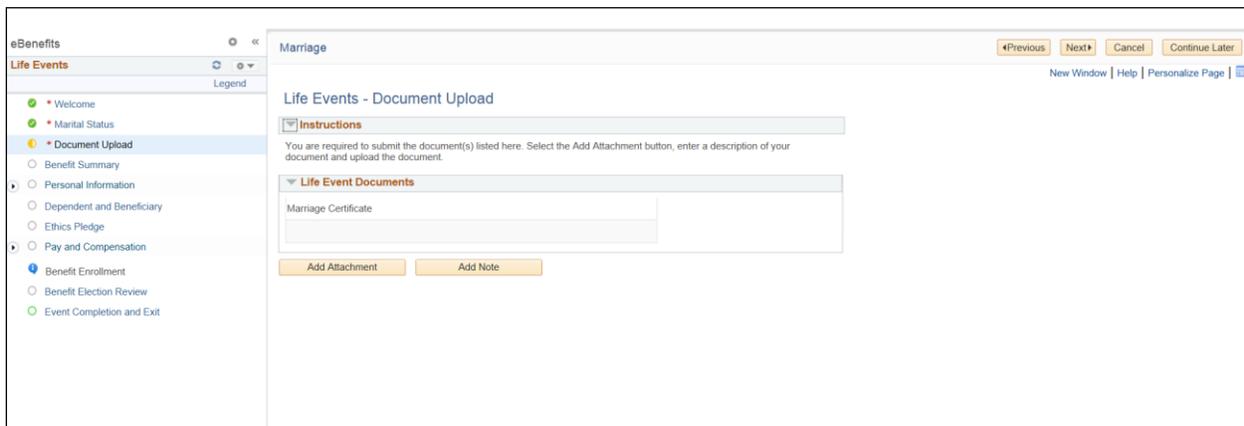
Step	Action
3.	Enter effective date of the event *Date Change Will Take Effect <input type="text"/> 
4.	Click OK after entering the effective date <input type="button" value="OK"/>

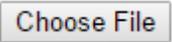
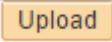
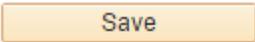


Step	Action
5.	Review instructions on Welcome page
6.	Click 'OK' 
7.	Click 'Next' 



Step	Action
8.	Add 'New Marital Status' and Submit *New Marital Status 
9.	Click 'Submit' 
10.	Click 'Next' to go to the next page 



Step	Action
11.	Add Click on Add Attachment 
12.	Add subject *Subject <input type="text"/>
13.	Click on Add Attachment 
14.	Click on choose File and browse to select supporting document that will be uploaded 
15.	Click on Upload 
16.	Click on Save 

Step	Action
17.	<p>Message will display about the approval process, click 'OK'</p> <div style="border: 1px solid gray; padding: 10px; margin: 10px 0;"> <p>Message</p> <p>Approval is required. (3001,1094)</p> <p>Proof is required for the attached document, and the document must be approved prior to your Benefits Enrollment changes are accepted. An email notification has been sent to the Benefits Administrator requesting approval.</p> <p style="text-align: center;"><input type="button" value="OK"/></p> </div>

Benefits Summary

Type of Benefit	Plan Description	Coverage or Participation
Employees Health Benefits	Aetna HMO-DC Before Tx	Self Only
Dental	Cigna Dental PPO	Self Only
Vision	No Vision	Self Only
Domestic Partner Dental		Waived
Domestic Partner Vision		Waived
Basic Life	(USF) FEGLI Basic	\$ X Salary + \$2000
Section 457	Deferred Compensation Plan	\$300 Before Tax
Sick	PT sick leave	
Annual Leave	Parttime Annual Leave	
Sick Leave Incentive	Sick Leave Incentive	
Voluntary Leave Program	Voluntary Leave Program	
Flex Spending Health - U.S.		Waived
Flex Spending Dependent Care		Waived
Health Savings Account		Waived
Transit FSA		Waived

Step	Action
18.	<p>Click on 'Next'</p> <p style="text-align: center;"><input type="button" value="Next▶"/></p>
19.	<p>Review Benefits Summary</p>
20.	<p>Click on 'Next'</p> <p style="text-align: center;"><input type="button" value="Next▶"/></p>

Step	Action
21.	To change name, use this page, enter the new name
22.	Click on Submit 
23.	Click on 'Next' to move to the next page 

Step	Action
24.	To change address, use this page, enter the new address
25.	Click on Edit Address

The screenshot shows the 'eBenefits' interface with a 'Marriage' window open. The 'Edit Address' section is active, displaying the following information:

- Country: United States (with a 'Change Country' button)
- Address 1: 500 I St
- Address 2: [Empty field]
- Address 3: [Empty field]
- City: Columbia
- State: MD (with a search icon and 'Maryland' text)
- Postal: 21029
- Country: [Empty field]

Buttons for 'OK' and 'Cancel' are located at the bottom of the form. The left sidebar shows a navigation menu with 'Home and Mailing Address' selected.

Step	Action
26.	Enter Address and click on 'OK' 
27.	Click on Submit 
28.	Click on 'Next' 

Marriage ◀ Previous Next ▶ Cancel Continue Later
New Window | Help | Personalize Page |

Phone Numbers

Rose Buck

Enter your phone numbers.

*Phone Type	*Telephone	Phone Extension	Preferred	Delete
Home	202/001-2474		<input checked="" type="checkbox"/>	

* Required Field

Step	Action
29.	Enter Phone number and click on 'Save' 
30.	Click on 'Next' 

Marriage ◀ Previous Next ▶ Cancel Continue Later
New Window | Help | Personalize Page |

Ethnic Groups

Rose Buck

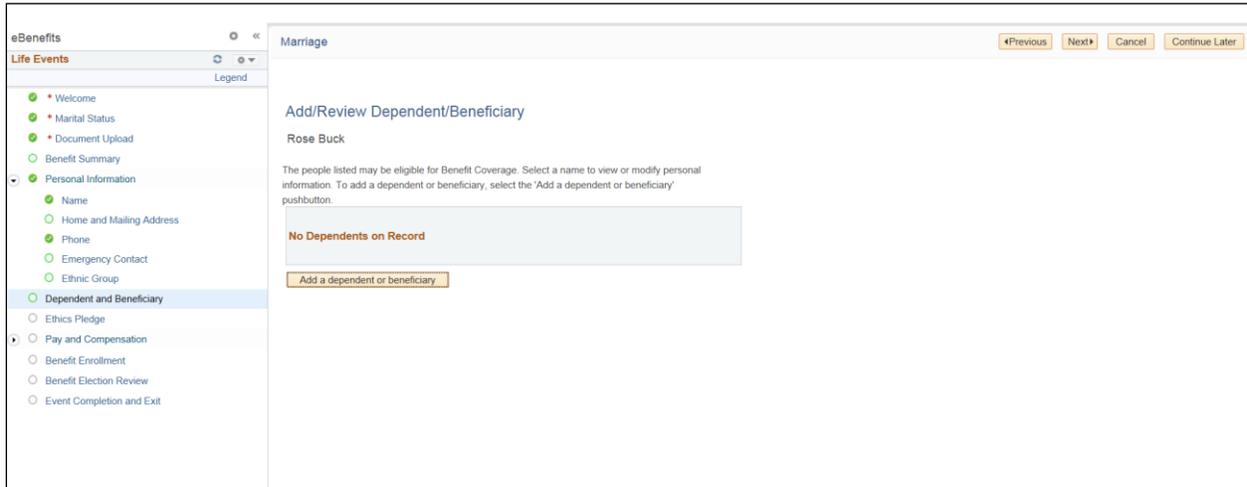
You are requested to furnish this information under the authority of 42 U.S.C. §2000e-16, which requires that Federal employment practices be free from discrimination and provide equal opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting". This information will be used in planning and monitoring equal employment opportunity programs and to identify employees for inclusion in skill banks and referral pools. Your furnishing this information is voluntary. Your failure to do so will have no effects on you or on your federal employment. If you fail to provide the information, however, then the employing agency will attempt to identify your race and national origin by visual perception.

Ethnic Groups
Description
Black, not of Hispanic origin

[Return to Emergency Contacts](#)

Step	Action
31.	Review the Ethnic Group, to make changes navigate to personal details on Main page

Step	Action
32.	Click on 'Next' 



Step	Action
33.	Click on 'Add a dependent or Beneficiary' button to add new dependent 
34.	Click on 'Next' 

eBenefits ◀ Previous Next ▶ Cancel Continue Later

Life Events New Window | Help | Personalize Page |

Legend

- Welcome
- Marital Status
- Document Upload
- Benefit Summary
- Personal Information
 - Name
 - Home and Mailing Address
 - Phone
 - Emergency Contact
 - Ethnic Group
 - Dependent and Beneficiary
 - Ethics Pledge
- Pay and Compensation
 - Benefit Enrollment
 - Benefit Election Review
 - Event Completion and Exit

Marriage

Dependent/Beneficiary Personal Information

Rose Buck

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jun 15, 2017.

Personal Information

*First Name:

Middle Name:

*Last Name:

Name Prefix:

Name Suffix:

*Gender:

Date of Birth:

SSN: (Social Security Number)

*Relationship to Employee:

Status Information

*Marital Status: As of:

Student: As of:

Disabled: As of:

Smoker: As of:

Address and Telephone

eBenefits ◀ Previous Next ▶ Cancel Continue Later

Life Events New Window | Help | Personalize Page |

Legend

- Welcome
- Marital Status
- Document Upload
- Benefit Summary
- Personal Information
 - Name
 - Home and Mailing Address
 - Phone
 - Emergency Contact
 - Ethnic Group
 - Dependent and Beneficiary
 - Ethics Pledge
- Pay and Compensation
 - Benefit Enrollment
 - Benefit Election Review
 - Event Completion and Exit

Marriage

SSN: (Social Security Number)

*Relationship to Employee:

Status Information

*Marital Status: As of:

Student: As of:

Disabled: As of:

Smoker: As of:

Address and Telephone

Same Address as Employee

Country: United States
Address: 500 I St
Columbia, MD 21029

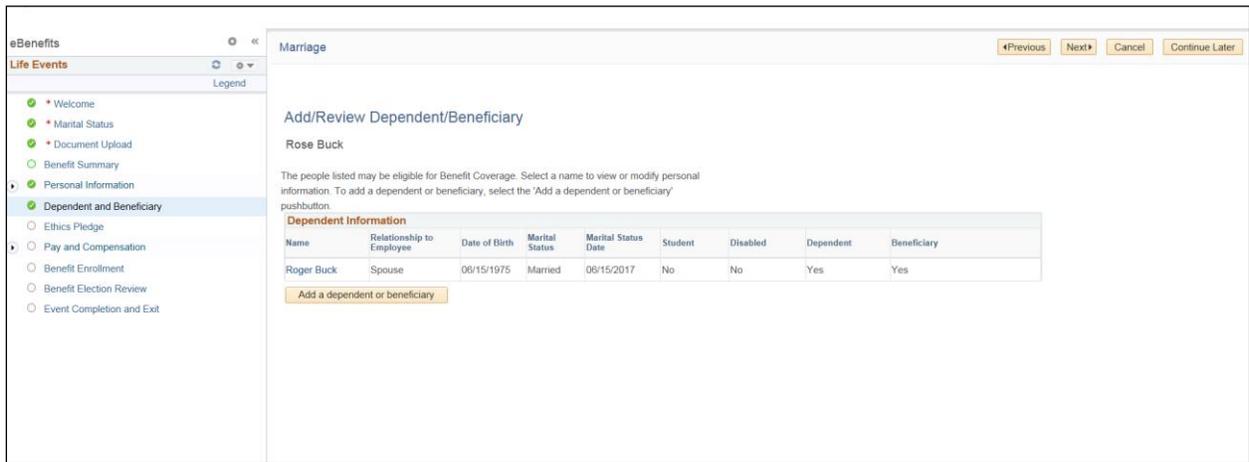
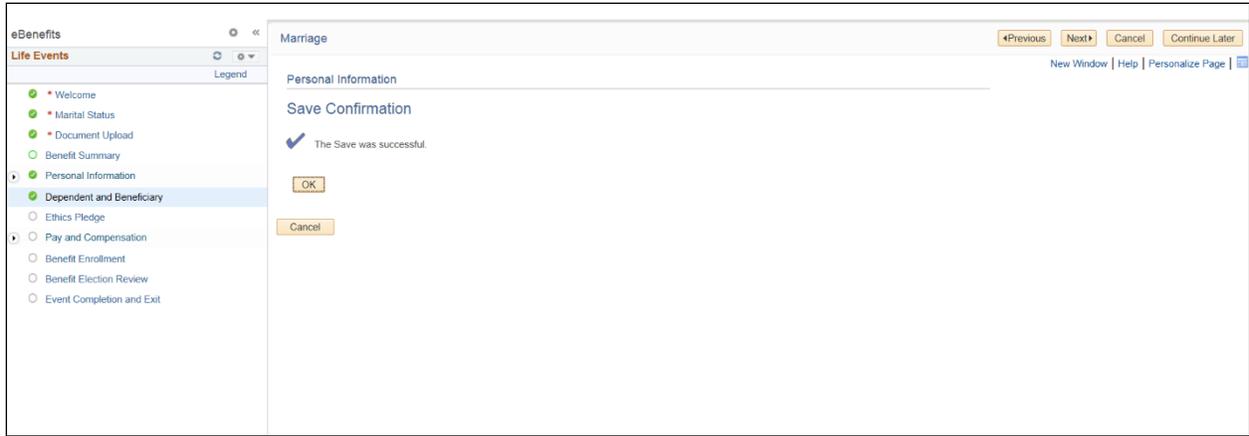
Same Phone as Employee

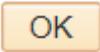
Phone:

* Required Field

[Return to Dependent/Beneficiary Summary](#)

Step	Action
33.	Enter Dependent information and Click on 'Save'



Step	Action
34.	Click on 'OK' 
35.	Click on 'Next' 

eBenefits ◁ ⌵ Marriage ◀Previous Next▶ Cancel Continue Later
 Life Events ⌵ Legend New Window | Help | Personalize Page |

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 Event Completion and Exit

DC Ethics Pledge

Date Pledge

Welcome to the e-learning Ethics Policy Training and Pledge Program!

Mayor Vincent C. Gray is committed to an ethical and trustworthy government, a government the public can trust. All District government employees must complete ethics training and are strongly encouraged to accept the ethics pledge.

Instructions

Please select the "Agree" option and click on the "Submit" button to confirm the DC Ethics Pledge.

D.C. GOVERNMENT EMPLOYEE ETHICS PLEDGE

As an employee of the Government of the District of Columbia, I understand that I am a public servant and, thereby, am entrusted with working for the common good of our city and its residents.

As a public servant, I have been given access to governmental power and resources for one purpose: To serve the government of the District of Columbia and the people whom that government represents.

Therefore, I **solemnly pledge to honor the public trust and responsibility with which I have been entrusted by:**

eBenefits ◁ ⌵ Marriage ◀Previous Next▶ Cancel Continue Later
 Life Events ⌵ Legend

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 Benefit Election Review
 Event Completion and Exit

10. Abiding by revolving-door restrictions by following all rules and regulations restricting former government officials' ability to represent non-government parties. 10

1 See DPM §§ 1800.3 (a), (g).
 2 See D.C. Official Code § 1-1162.23 (a).
 3 See DPM § 1807.1 (h).
 4 See DPM § 1803.
 5 See 18 U.S.C. § 209; D.C. Official Code § 1-1162.23(d); DPM § 1803.8.
 6 See DPM § 1800.3 (h).
 7 See DPM §§ 1808, 1807.1 (b).
 8 See DPM §§ 1800.3 (c), 1807.1 (f).
 9 See DPM § 1801.1.
 10 See 18 U.S.C. § 207(a); DPM § 1811.

By selecting "Agree" and clicking "Submit" below, I acknowledge that I (1) have read and understood the District government's Ethics Pledge; (2) agree to adhere to the Ethics Pledge; (3) have received, or access to, an electronic copy of the Ethics Manual. The link pointing to the Ethics Manual will open up in a new window for users' convenience; and (4) agree to adhere to both the District government's Ethics Manual and ethics guidelines as either, or both, may be amended at any time by the District government.

[DC Ethics Manual Link](#)

Note: Employees that have already accepted the ethics pledge are still required to complete the mandatory ethics training. Responding to the ethics pledge is not a substitute for completing the ethics training. All District government employees must complete ethics training no later than December 31, 2015.

If you have any questions or concerns, please contact the Center for Learning and Development (CLD) via clid@dc.gov or 202.727.1523.

Agree Disagree

Step	Action
35.	Select 'Agree' and click on 'Submit' button <input type="button" value="Submit"/>
36.	Click on 'Next' <input type="button" value="Next▶"/>

eBenefits Marriage Previous Next Cancel Continue Later
 Life Events Legend New Window Help Personalize Page

Welcome
 Marital Status
 Document Upload
 Benefit Summary
 Personal Information
 Dependent and Beneficiary
 Ethics Pledge
 Pay and Compensation
 W4 Tax Information
 Direct Deposit
 W2 Consent
 1095-C Consent
 Benefit Enrollment
 Benefit Election Review
 Event Completion and Exit

W-4 Tax Information

Rose Buck Social Security Number 215-74-8774
 District Of Columbia Govt

You must complete Form W-4 so the Payroll Department can calculate the correct amount of tax to withhold from your pay. Federal income tax is withheld from your wages based on marital status and the number of allowances claimed on this form. You may also specify that an additional dollar amount be withheld. You can file a new Form W-4 anytime your tax situation changes and you choose to have more, or less, tax withheld.

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

Home Address

500 I St
 Columbia MD 21029

Mailing Address

500 I St
 Columbia MD 21044

W-4 Tax Data

Enter total number of Allowances you are claiming
 Enter Additional Amount, if any, you want withheld from each paycheck

Indicate Tax Status Single Married

eBenefits Marriage Previous Next Cancel Continue Later
 Life Events Legend

Welcome
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 Document Upload
 Benefit Summary
 Personal Information
 Dependent and Beneficiary
 Ethics Pledge
 Pay and Compensation
 W4 Tax Information
 Direct Deposit
 W2 Consent
 1095-C Consent
 Benefit Enrollment
 Benefit Election Review
 Event Completion and Exit

500 I St
 Columbia MD 21044

W-4 Tax Data

Enter total number of Allowances you are claiming
 Enter Additional Amount, if any, you want withheld from each paycheck

Indicate Tax Status Single Married

Check here and select Single status if married but withholding at single rate.
 Note: If married, but legally separated, or spouse is a nonresident alien, select 'Single' status.

Check here if your last name differs from that shown on your social security card.
 You must call 1-800-772-1213 for a new card.

Claim Exemption

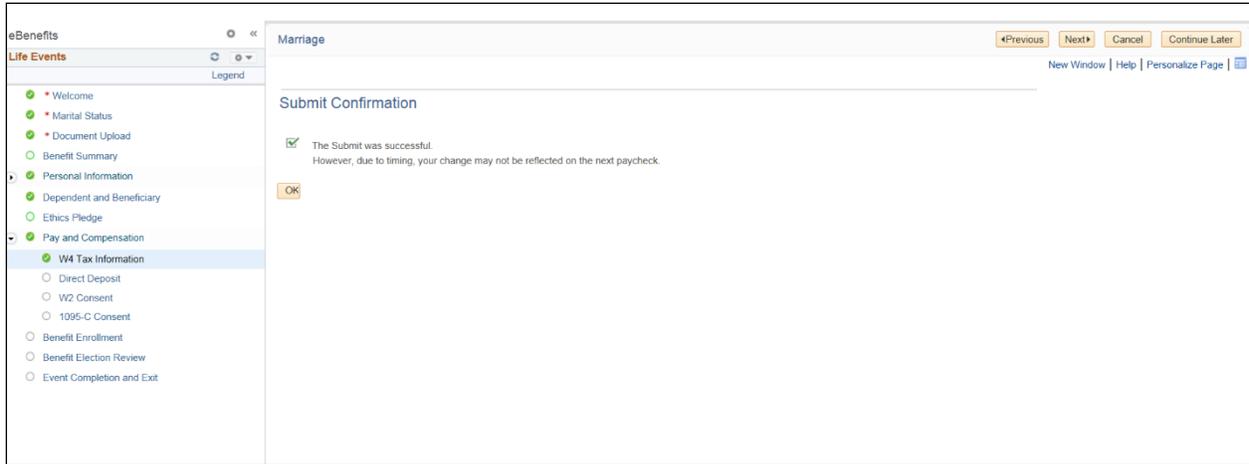
I claim exemption from withholding for the year and I certify that I meet BOTH of the following conditions for exemption

- Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability.
- This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability.

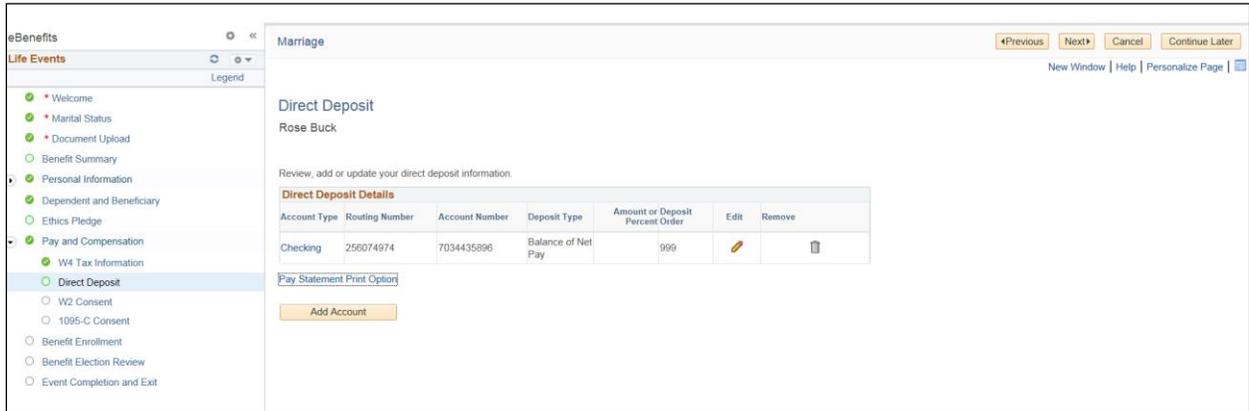
Check this box if you meet both conditions to claim exempt status.

Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Step	Action
37.	Complete the W-4 form and click on 'Submit' <input type="button" value="Submit"/>
38.	Verify your identity by entering password and click on 'OK' <input type="button" value="OK"/>

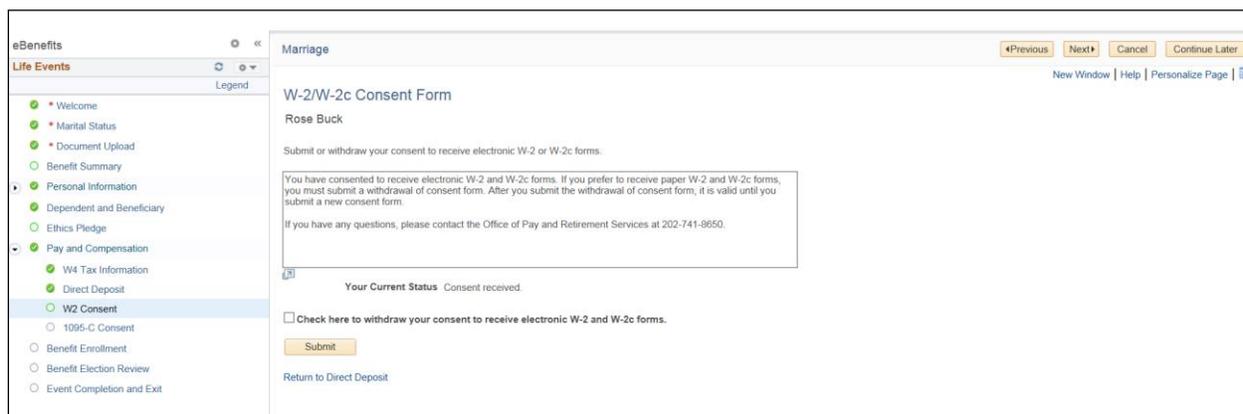


Step	Action
39.	Click on 'OK' 
38.	Click on 'Next' 



Step	Action
40.	Click on 'Add Account' to add a new account 

Step	Action
41.	Enter Account details and click on 'Submit' 
42.	Click on 'Edit' to edit existing account 
43.	Update the account details and click on 'Submit' 
44.	Click on 'OK' 
45.	Click on 'Next' 



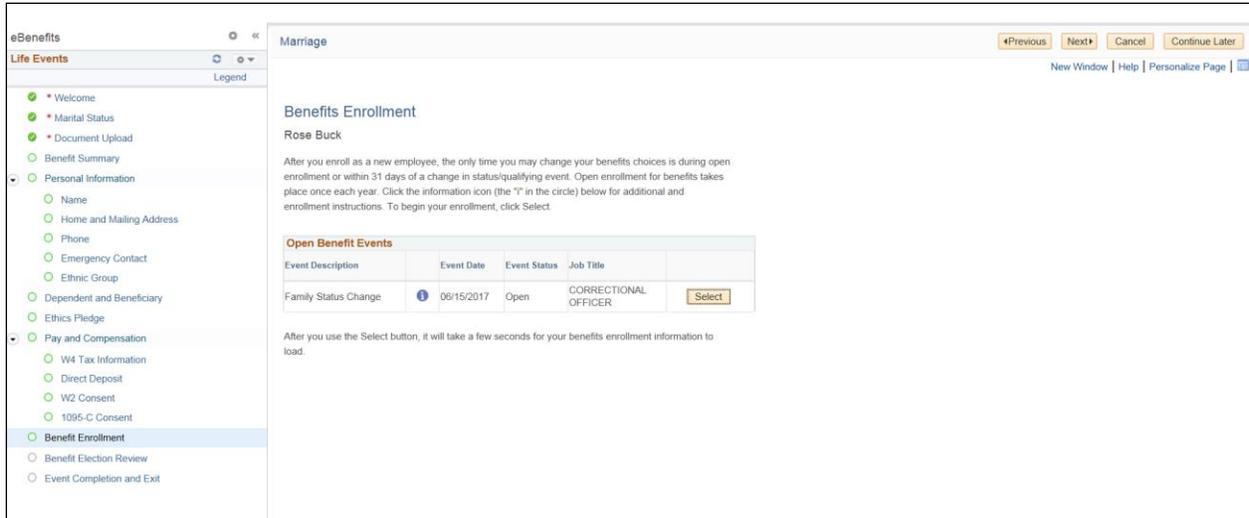
The screenshot shows the 'eBenefits' interface. On the left is a 'Life Events' legend with 'W2 Consent' selected. The main window is titled 'Marriage' and 'W-2/W-2c Consent Form' for 'Rose Buck'. It contains instructions on how to consent or withdraw consent, a 'Your Current Status' section showing 'Consent received', and a 'Submit' button. Navigation buttons like 'Previous', 'Next', 'Cancel', and 'Continue Later' are visible at the top right.

46.	Update Consent Status if needed <input type="checkbox"/> Check here
47.	Click on 'Submit' 
48.	Verify your identity by entering your password and click on 'Continue' 

49.	Click on 'Next' 
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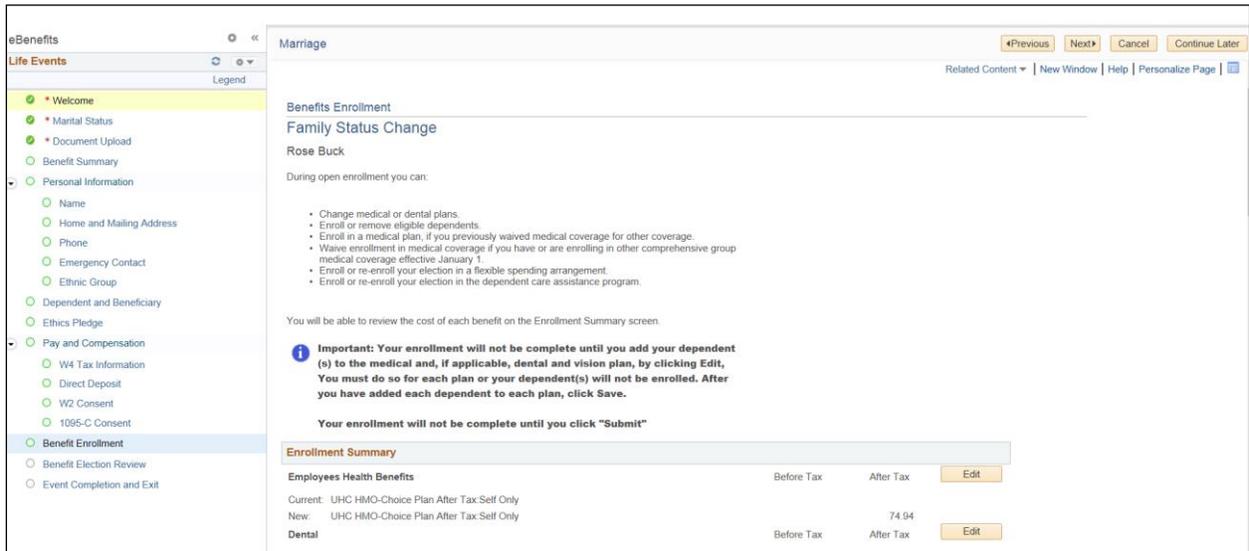


50.	Check Consent check box <input type="checkbox"/> I consent to receive Form 1095-C electronically
51.	Click on 'Submit' 
52.	Verify your identity by entering your password and click on 'Continue' 
53.	Click on 'Next' 



54. Click on 'Select' to open enrollment window, if you would like to make changes to your enrollment.

Select

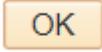


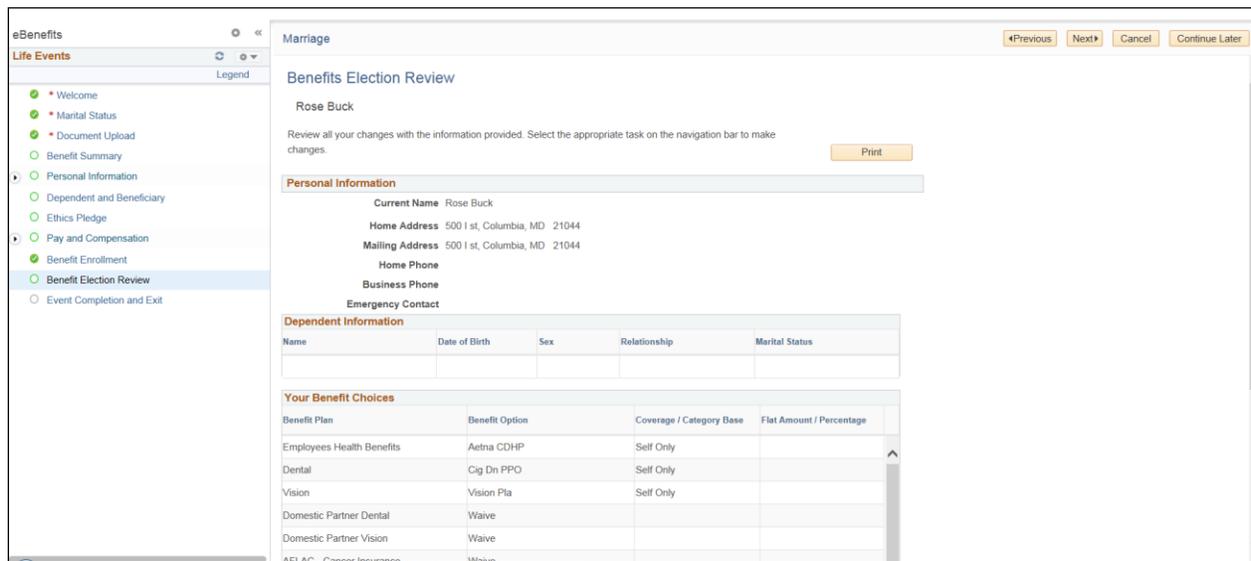
55. Click on 'Edit' next to each plan that you would like to make enrollment changes to

Edit

51. Follow the instructions to complete enrollment changes and click on 'Submit' to Submit the changes

Submit

52.	Verify your identity by entering your password and click on 'Continue' 
53.	Click on 'OK' to go to the enrollment main screen 
54.	Enrollment changes will be emailed to you for record, these changes are effective after the supporting documents are accepted.
55.	Click on 'Next' 



Marriage «Previous Next» Cancel Continue Later

Benefits Election Review
Rose Buck

Review all your changes with the information provided. Select the appropriate task on the navigation bar to make changes. Print

Personal Information

Current Name: Rose Buck
Home Address: 500 I st, Columbia, MD 21044
Mailing Address: 500 I st, Columbia, MD 21044
Home Phone
Business Phone
Emergency Contact

Dependent Information

Name	Date of Birth	Sex	Relationship	Marital Status

Your Benefit Choices

Benefit Plan	Benefit Option	Coverage / Category Base	Flat Amount / Percentage
Employees Health Benefits	Aetna CDHP	Self Only	
Dental	Cig Dn PPO	Self Only	
Vision	Vision Pla	Self Only	
Domestic Partner Dental	Waive		
Domestic Partner Vision	Waive		
AFI AC - Cancer Insurance	Waive		

56.	Review the enrollments for each plan, you may also print a copy of it by click on 'Print' 
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Preliminary Enrollment Summary: Family Status Change

Rose Buck
 Employee ID: 00008870 Effective Date: 06/15/2017

This statement summarizes your recent benefits elections. These coverages will be validated and you will receive a Confirmation Statement. If an error has been made in recording your elections, contact Human Resources. Please keep a copy of this form for your records.

PERSONAL INFORMATION

Name Rose Buck
 Home Address 500 I st, Columbia, MD 21044
 Mailing Address 500 I st, Columbia, MD 21044
 Home Phone
 Business Phone
 Emergency Contact

57.	Print a copy or save the pdf copy generated
58.	Go back to the main window and click on 'Next' <div style="text-align: center; margin-top: 5px;">  </div>

eBenefits Marriage <Previous Next > Cancel Continue Later

Life Events

- Welcome
- Marital Status
- Document Upload
- Benefit Summary
- Personal Information
- Dependent and Beneficiary
- Ethics Pledge
- Pay and Compensation
- Benefit Enrollment
- Benefit Election Review
- **Event Completion and Exit**

Event Completion and Exit

Your benefits enrollment selections have been successfully submitted the DCHR Benefits and Retirement Administration.

Please Note: Your enrollment will not be complete until you add your dependent(s) to the medical and, if applicable, dental and vision plan. You must do so for each plan or your dependents(s) will not be enrolled. For more information on dependent eligibility, please visit <https://dchr.dc.gov/page/dependent-eligibility-verification>

You will receive an email confirmation statement with your elections. Please print this for your records. If you do not receive an email confirmation, please immediately contact the Benefits and Retirement Administration at dchr.benefits@dc.gov to confirm your elections were properly submitted.

Complete

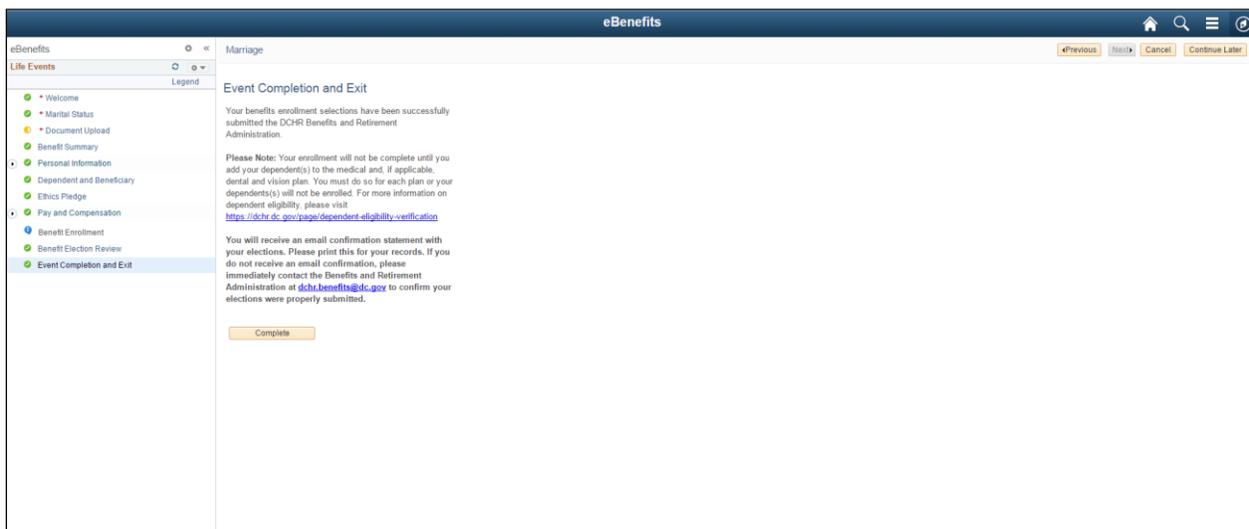
59.	Click on 'Complete' <div style="text-align: center; margin-top: 5px;">  </div>
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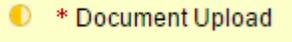
60.	You will be routed back to the Benefit Event page; you will see that the marital status change event is 'In Progress' status 
61.	You will receive an email when your supporting document is approved. Your enrollments will be accepted at that point.
62.	If your document is not sufficient to accept the enrollments, you will receive a document denial email, you can follow the steps below to re-submit the document.

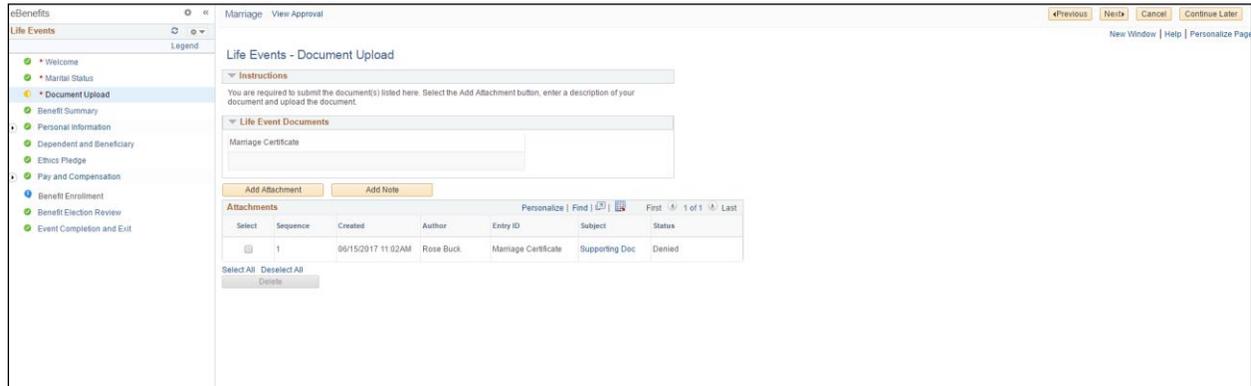
1.1.1.2 Re-Submit Supporting Document

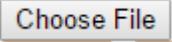
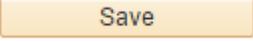
This message is to notify you that your document was denied: BN_MARRIAGE. To access the document attachment page, use the following link: http://hcm92devweb02.dc.gov:27000/psp/hcm92sqa/EMPLOYEE/HRMS/c/W3EB_MENU.W3EB_LE_WELCOME.GBL?CONTEXTIDPARAMS=TEMPLATE_ID:EF_M5LLLLL&CONTEXTIDPARAMS=OPRID:donald.holland. This is a system-generated email. Do not reply to this email.

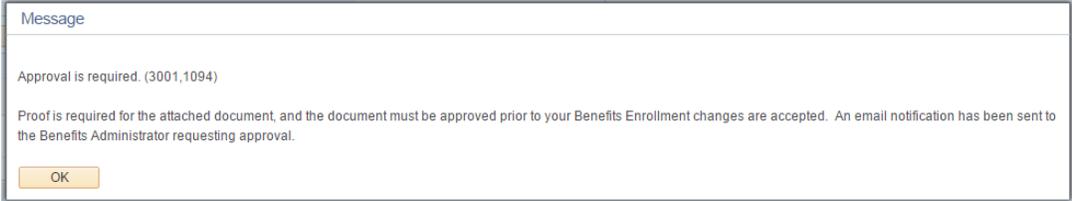
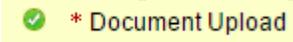
63.	Close all PeopleSoft windows and click on the link in the document denial email.
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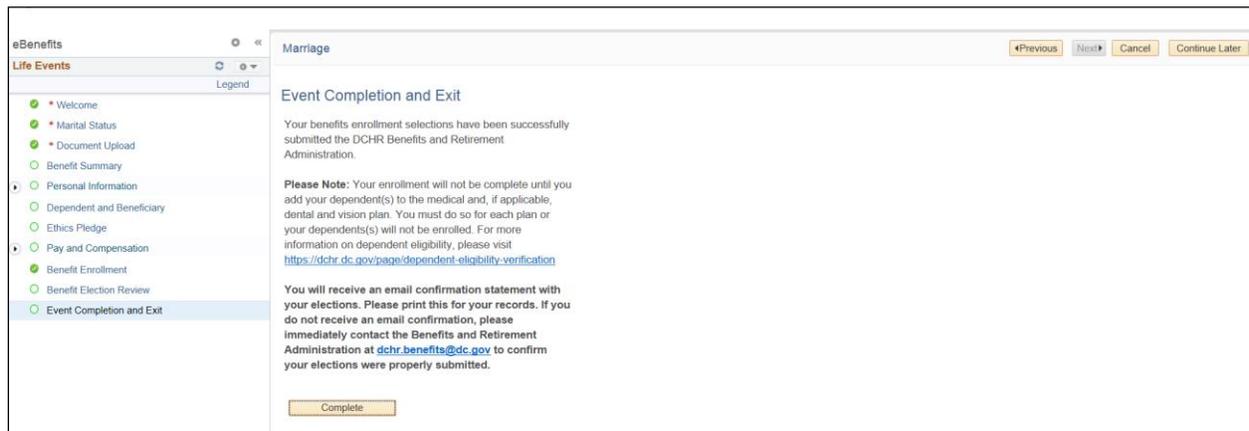


64.	You will be routed to the Event Completion and Exit page
65.	Click on 'Document Upload' left navigation link 



Step	Action
66.	Add Click on Add Attachment 
67.	Add subject *Subject <input type="text"/>
68.	Click on Add Attachment 
69.	Click on choose File and browse to select supporting document that will be uploaded 
70.	Click on Upload 
71.	Click on Save 

Step	Action
72.	<p>Message will display about the approval process, click ‘OK’</p> 
73.	<p>You will see that ‘Document Upload’ radio button is now turned to green, which means document upload is complete</p> 
74.	<p>Click on ‘Event Completion and Exit’ left navigation link</p> 



75.	<p>Click on ‘Complete’</p> 
76.	<p>You will receive and email when your supporting document is approved. Your enrollments will be accepted at that point.</p>