

How to Make an Open Enrollment Change in Employee Self-Service via CHRS

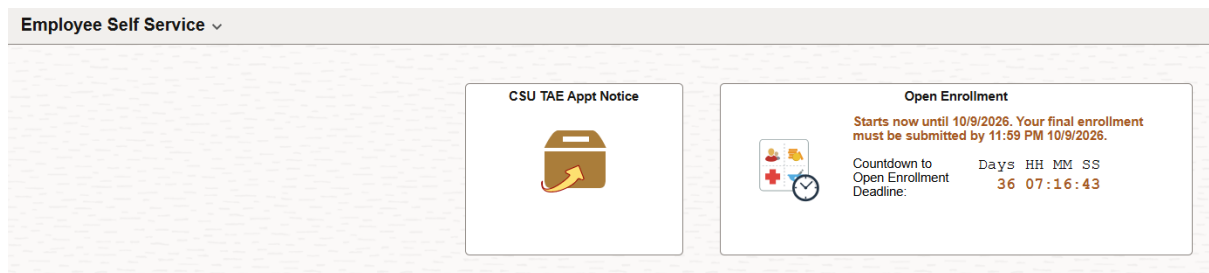
Enroll or Re-Enroll in a Flexible Spending Account

Beginning September 14, log in to [CHRS](#), select **Pomona** as your campus, and sign in using your CPP credentials. From the Employee Homepage, select **Open Enrollment** to begin making changes. The last day to make a change is October 9 at 11:59pm. The tile will immediately close after 11:59pm.

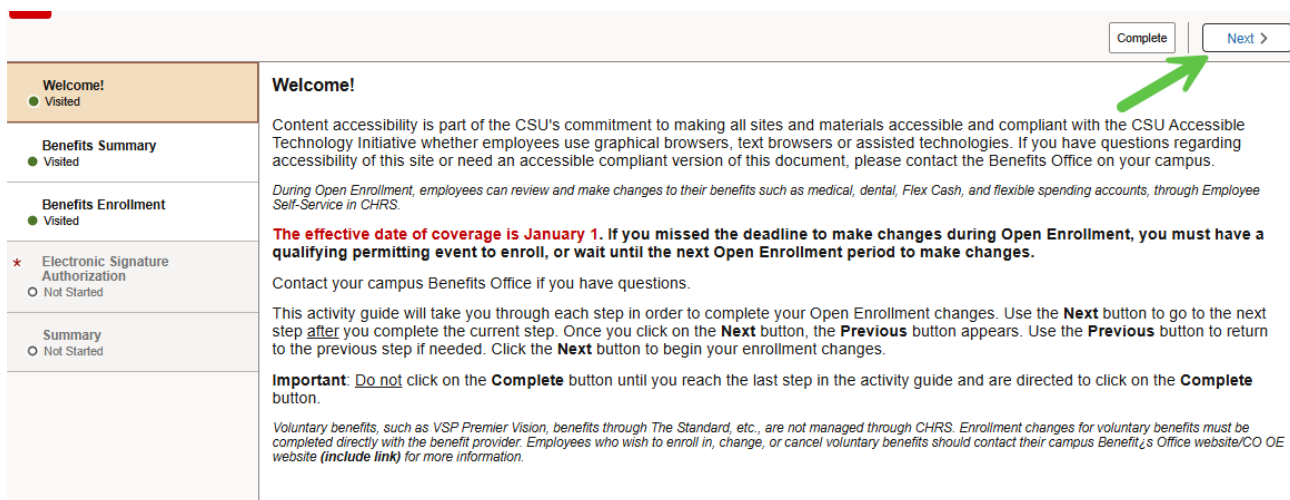
If you are not making changes to your current benefits, you do **NOT** need to participate in Open Enrollment. Your current benefits will continue for 2027. If you are a participant in a Flexible Spending Account (HCRA or DCRA), you must renew every year during Open Enrollment.

1. Open Enrollment Tile

If the Open Enrollment period is active, you will see the enrollment deadline and a countdown on the tile



2. Welcome Screen then click “Next” to proceed



3. View Current Benefits Summary

This page will default to show what benefits you are currently enrolled in. Click “Review” on a tile to view more details about that benefits. Click “Next” when you’ve finished reviewing your current benefits.

Complete
< Previous
Next >

Welcome! Visited

Benefits Summary Visited

Benefits Enrollment Visited

Electronic Signature Authorization Not Started

Summary Not Started

Benefits Summary

CHRS Person ID [REDACTED]

To view your benefits as of another date, enter the date and select Refresh.

My Benefits on 09/03/2026 Refresh

Benefit Plans

Medical Plan Kaiser PERMANENTE CALIFORNIA Coverage Employee Only 0 Dependents Review	Dental Plan Delta Enhanced II Coverage Employee Only 0 Dependents Review	Vision Plan Vision Service Plan Coverage Empl or Empl & Deps 0 Dependents Review
Life and AD and D Plan Standard (100K / M80) Coverage \$100000	Long-Term Disability Plan Long Term Disability (MPP) Coverage 66.67% of Salary	

4. Make a Change and/or Re-Enroll in a Flexible Spending Account

- In this example, we will be re-enrolling in HCRA. Select “Flex Spending Health” tile.

Welcome! Visited

Benefits Summary Visited

Benefits Enrollment Visited

Electronic Signature Authorization Not Started

Summary Not Started

Benefit Plans

Medical Current KAISER PERMANENTE CALIFORNIA New KAISER PERMANENTE CALIFORNIA Status Visited 0 Dependents Pay Period Cost \$13.94 Review	Dental Current Delta Dental PPO Enhanced II New Delta Dental PPO Enhanced II Status Pending Review 0 Dependents Pay Period Cost \$0.00 Review	Vision Current Vision Service Plan New Vision Service Plan Status Pending Review 0 Dependents Pay Period Cost \$0.00 Review
Dental Flex Cash Current No Coverage New No Coverage Status Pending Review 0 Dependents Pay Period Cost \$0.00 Review	Medical Flex Cash Current No Coverage New No Coverage Status Pending Review 0 Dependents Pay Period Cost \$0.00 Review	Flex Spending Health - U.S. Current No Coverage New No Coverage Status Pending Review Pay Period Cost \$0.00 Review

4.1 - Select the Flexible Spending Account Option, if not already selected.

Cancel
Flex Spending Health - U.S.
Done

With a Health Care Reimbursement Account, employees can set aside a portion of their pay, on a pretax basis, to reimburse themselves for eligible health care expenses. Each year, they may contribute up to the specified maximum allowed by the IRS and the plan through payroll deduction. Neither contributions nor reimbursements are taxed. An optional debit card is available, which allows an employee to use the card to pay for eligible health care expenses, eliminating out-of-pocket costs. Re-enrollment is required annually.

Resources

[ESS Handbook FSA Medical](#)

Enroll in Your Plan

Plan Name
✓ Waive
Select Health Care Flex Spending

4.2 - Enter the Annual Pledge Amount, then click “Flexible Spending Account Worksheet” to calculate your monthly contributions. As a reminder, the maximum annual amount for HCRA is \$3,400 (rounded up).

4.3 - Use the Flexible Spending Account Worksheet to calculate your estimated monthly contribution from your annual pledge or per pay period.

- A. From the Estimate Contribution from drop-down menu, select Annual Pledge.
- B. Enter your annual pledge amount in the Your New Annual Pledge field.
- C. Click **Calculate**.
- D. The amount of your estimated per pay period contribution will be updated showing the monthly contribution amount.
- E. Click **Done** to return to the Flex Spending page.

4.4 - Click “Done”

4.5 – Flexible Spending Account HCRA Contribution Updated

CSU Open Enrollment

Flex Spending Health - U.S. plan selection has been updated **A**

< Previous Next >

Welcome!
● Visited

Benefits Summary
● Visited

Benefits Enrollment
● Complete

Electronic Signature Authorization
○ Not Started

Summary
○ Not Started

Benefits Enrollment

The effective date of coverage is January 1. If you missed the deadline to make changes during Open Enrollment, you must have a qualifying permitting event to enroll, or wait until the next Open Enrollment period to make changes.

Contact your campus Benefits Office if you have questions.

▼ **Enrollment Summary**

Your Pay Period Cost **\$1,200.00** Full Cost **\$1,200.00**

Status **Visited**

[Review Enrollment](#)

[Submit Enrollment](#)

Benefit Plans

Medical
Current: Kaiser Permanente California
New: Kaiser Permanente California
Status: **Changed**
1 Dependents
Pay Period Cost: **\$0.00**
[Review](#)

Dental
Current: DeltaCare USA - Enhanced
New: DeltaCare USA - Enhanced
Status: **Changed**
1 Dependents
Pay Period Cost: **\$0.00**
[Review](#)

Vision
Current: Vision Service Plan
New: Vision Service Plan
Status: **Changed**
1 Dependents
Pay Period Cost: **\$0.00**
[Review](#)

Dental Flex Cash
Current: No Coverage
New: No Coverage
Status: Pending Review
1 Dependents
Pay Period Cost: **\$0.00**
[Review](#)

Medical Flex Cash
Current: No Coverage
New: No Coverage
Status: Pending Review
1 Dependents
Pay Period Cost: **\$0.00**
[Review](#)

Life and AD and D
Current: Standard \$50,000 - \$100,000
New: Standard \$50,000 - \$100,000
Status: Not Available
1 Beneficiaries
Pay Period Cost: **\$0.00**
[Review](#)

Flex Spending Health - U.S.
B
Current: No Coverage
New: Health Care Flex Spending \$1,200
Status: **Changed**
Pay Period Cost: **\$1,200.00**
[Review](#)

Flex Spending Dependent Care
C
Current: No Coverage
New: No Coverage
Status: Pending Review
Pay Period Cost: **\$0.00**
[Review](#)

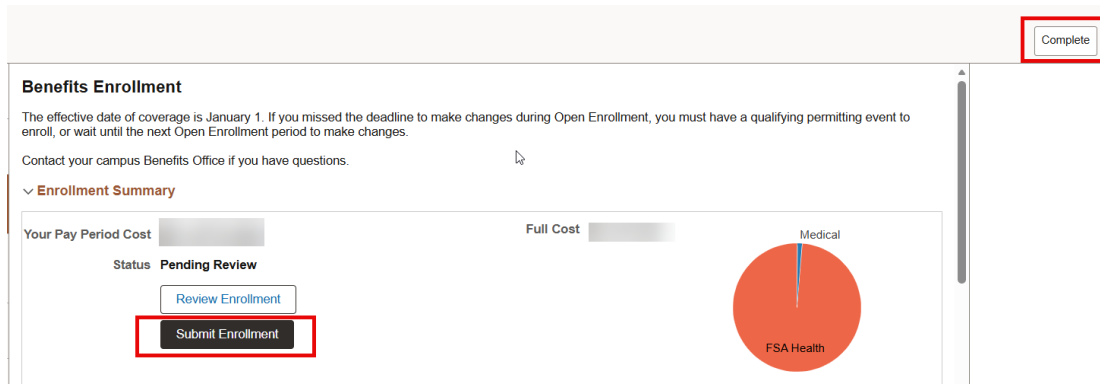
- At the top of the screen, a green banner will appear confirming your contribution amount
- The Flexible Spending Account tile will show the changed status and new annual amount.
- Repeat the steps above to make changes to the Dependent Care Reimbursement Account, if necessary. As a reminder, the maximum annual amount for DCRA:

- \$7,500 (rounded up) for employees earning less than \$160,000 annually
- \$5,000 (rounded up) for employees earning \$160,000 or more annually

OR

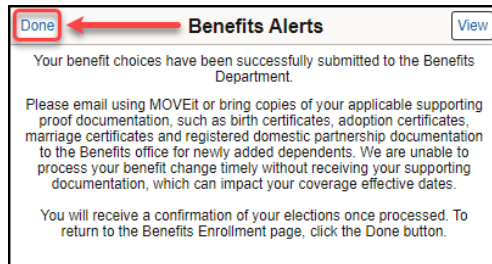
- Click on another tile, such as medical or dental, to make changes to those plans. Continue making changes as necessary.

5. Click “Submit Enrollment” after you've made all necessary changes.



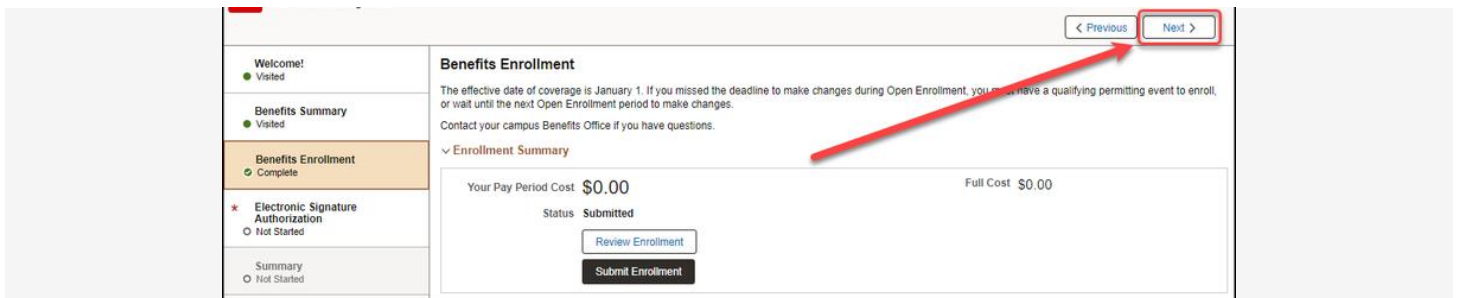
The screenshot shows the 'Benefits Enrollment' page. At the top right, there is a 'Complete' button. The main content area has a title 'Benefits Enrollment' and a paragraph about the effective date of coverage (January 1). Below this is a section titled 'Enrollment Summary' which includes a 'Your Pay Period Cost' field, a 'Full Cost' field, and a 'Status' field set to 'Pending Review'. There are two buttons: 'Review Enrollment' and 'Submit Enrollment'. A pie chart on the right shows 'Medical' and 'FSA Health' costs. The 'Submit Enrollment' button is highlighted with a red box.

6. Read the Benefits Alerts and click “Done”



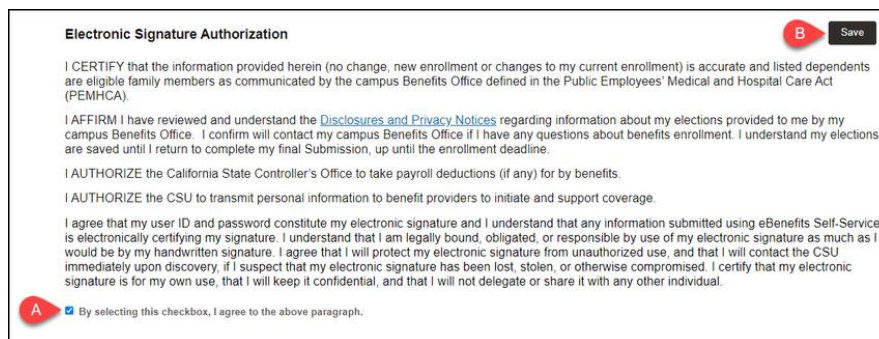
The screenshot shows a 'Benefits Alerts' dialog box. It has a 'Done' button at the top left and a 'View' button at the top right. The text inside the dialog box states: 'Your benefit choices have been successfully submitted to the Benefits Department. Please email using MOVEit or bring copies of your applicable supporting proof documentation, such as birth certificates, adoption certificates, marriage certificates and registered domestic partnership documentation to the Benefits office for newly added dependents. We are unable to process your benefit change timely without receiving your supporting documentation, which can impact your coverage effective dates. You will receive a confirmation of your elections once processed. To return to the Benefits Enrollment page, click the Done button.'

7. Click Next.



The screenshot shows the 'Benefits Enrollment' page. On the left side, there is a navigation menu with items: 'Welcome!', 'Benefits Summary', 'Benefits Enrollment', 'Electronic Signature Authorization', and 'Summary'. The 'Benefits Enrollment' item is highlighted. On the right side, there is a 'Benefits Enrollment' section with a paragraph about the effective date of coverage. Below this is a section titled 'Enrollment Summary' which includes a 'Your Pay Period Cost' field set to '\$0.00', a 'Full Cost' field set to '\$0.00', and a 'Status' field set to 'Submitted'. There are two buttons: 'Review Enrollment' and 'Submit Enrollment'. A red arrow points to the 'Next >' button at the top right of the page.

8. Read the Electronic Signature Authorization statement. Place a check next to the statement agreeing with the above paragraph. Then, click “Save.”



The screenshot shows the 'Electronic Signature Authorization' form. It has a 'Save' button at the top right. The text inside the form includes: 'I CERTIFY that the information provided herein (no change, new enrollment or changes to my current enrollment) is accurate and listed dependents are eligible family members as communicated by the campus Benefits Office defined in the Public Employees' Medical and Hospital Care Act (PEMHCA). I AFFIRM I have reviewed and understand the Disclosures and Privacy Notices regarding information about my elections provided to me by my campus Benefits Office. I confirm will contact my campus Benefits Office if I have any questions about benefits enrollment. I understand my elections are saved until I return to complete my final Submission, up until the enrollment deadline. I AUTHORIZE the California State Controller's Office to take payroll deductions (if any) for by benefits. I AUTHORIZE the CSU to transmit personal information to benefit providers to initiate and support coverage. I agree that my user ID and password constitute my electronic signature and I understand that any information submitted using eBenefits Self-Service is electronically certifying my signature. I understand that I am legally bound, obligated, or responsible by use of my electronic signature as much as I would be by my handwritten signature. I agree that I will protect my electronic signature from unauthorized use, and that I will contact the CSU immediately upon discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other individual.' At the bottom left, there is a checkbox labeled 'A' which is checked, and a text label 'B' next to it.

- A. Check the box to agree to the terms outlined on the page.
- B. Click **Save**.

9. The bottom of the page will populate with your electronic signature, then click “Next”.

CSU Open Enrollment
Enrollment Period 9/1/2024 - 10/18/2024
Harrowhark Nonagesimus

Welcome! Visited

Benefits Summary Visited

Benefits Enrollment Complete

Electronic Signature Authorization (A)

Summary Not Started

Electronic Signature Authorization

I CERTIFY that the information provided herein (no change, new enrollment or changes to my current enrollment) is accurate and listed dependents are eligible family members as communicated by the campus Benefits Office defined in the Public Employees' Medical and Hospital Care Act (PEMHCA).

I AFFIRM I have reviewed and understand the [Disclosures and Privacy Notices](#) regarding information about my elections provided to me by my campus Benefits Office. I confirm will contact my campus Benefits Office if I have any questions about benefits enrollment. I understand my elections are saved until I return to complete my final Submission, up until the enrollment deadline.

I AUTHORIZE the California State Controller's Office to take payroll deductions (if any) for by benefits.

I AUTHORIZE the CSU to transmit personal information to benefit providers to initiate and support coverage.

I agree that my user ID and password constitute my electronic signature and I understand that any information submitted using eBenefits Self-Service is electronically certifying my signature. I understand that I am legally bound, obligated, or responsible by use of my electronic signature as much as I would be by my handwritten signature. I agree that I will protect my electronic signature from unauthorized use, and that I will contact the CSU immediately upon discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other individual.

☐ By selecting this checkbox, I agree to the above paragraph.

Electronic Signature

User ID [masked] Name Harrowhark Nonagesimus

Date/Time Stamp 09/11/2024 3:29:16PM IP Address [masked]

Save

Next > (B)

- Your electronic signature will populate with your User ID, Name, Date/Time Stamp, and IP Address.
- Click **Next**.

10. Click “Complete” to finalize your Open Enrollment Submission.

If applicable, submit supporting documents via **MOVEit** if you enrolled **NEW** dependents on any of your benefit plans. Refer to the [MOVEit User Guide](#).

CSU Open Enrollment
Enrollment Period 9/1/2024 - 10/18/2024
Harrowhark Nonagesimus

Welcome! Visited

Benefits Summary Visited

Benefits Enrollment Complete

Electronic Signature Authorization Complete

Summary (A)

Summary

Please email using **MOVEit** or bring copies of your applicable supporting proof documentation, such as birth certificates, adoption certificates, marriage certificates and registered domestic partnership documentation to your Benefits Office for newly added dependents. We are unable to process your benefit change timely without receiving your supporting documentation, which can impact your coverage effective dates.

Once your supporting documentation is received, your elections will be validated and finalized. If you did not submit your elections, your enrollment will be based on the default options. Contact your Benefits Office if you have changes to your submitted enrollment or have further questions.

You can review your submitted elections on the **Benefits Statements Tile** on the **Employee Self Service Homepage**.

You will receive a confirmation of your elections once they are processed and finalized.

Click on the **Complete** button to finish your enrollments, then click on the **Exit** button to exit the Open Enrollment Activity Guide.

If you have not completed your elections, return to the **Benefits Enrollment** step and complete your elections.

Steps

Step	Status	Date Completed	Required	Go to Step
Welcome!	Visited		No	Go to Step
Benefits Summary	Visited		No	Go to Step
Benefits Enrollment	Complete	09/11/2024	No	Go to Step
Electronic Signature Authorization	Complete	09/11/2024	Yes	Go to Step

Complete < Previous (B)

If you are adding dependents, you will need to submit the following documents:

- Social Security Card (for children, spouse, domestic partner)
- Birth Certificate(s) (for children)
- Marriage Certificate (for spouse)
- Declaration of Domestic Partnership (for domestic partner)

11. Click on “Yes”

Are you sure you want to mark this action complete?

12. Close the Open Enrollment page, click the kebab (three dots) menu, then, click “Home” to return to your “Employee Self- Service” Homepage.

The screenshot shows the 'CSU Open Enrollment' page. At the top, there is a header with 'CSU Open Enrollment' and a 'Home' button. Below the header, there is a section for 'Enrollment Period 9/1/2024 - 10/18/2024' and a 'Previous' button. The main content area is divided into two columns. The left column contains a progress bar with steps: 'Welcome!' (Visited), 'Benefits Summary' (Visited), 'Benefits Enrollment' (Complete), 'Electronic Signature Authorization' (Complete), and 'Summary' (Complete). The right column contains a 'Summary' section with a red warning message: 'Please email using MOVEit or bring copies of your applicable supporting proof documentation, such as birth certificates, adoption certificates, marriage certificates and registered domestic partnership documentation to your Benefits Office for newly added dependents. We are unable to process your benefit change timely without receiving your supporting documentation, which can impact your coverage effective dates.' Below this, there is a paragraph explaining that once supporting documentation is received, elections will be validated and finalized. It also mentions that users can review their submitted elections on the 'Benefits Statements Tile' on the 'Employee Self Service Homepage'. At the bottom, it states that users will receive a confirmation of their elections once they are processed and finalized, and provides instructions on how to complete the enrollment process.

CSU Open Enrollment

Enrollment Period 9/1/2024 - 10/18/2024
Harrowhark Nonagesimus

Home

Previous

Welcome!
Visited

Benefits Summary
Visited

Benefits Enrollment
Complete

★ Electronic Signature Authorization
Complete

Summary
Complete

Summary

Please email using MOVEit or bring copies of your applicable supporting proof documentation, such as birth certificates, adoption certificates, marriage certificates and registered domestic partnership documentation to your Benefits Office for newly added dependents.

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You can review your submitted elections on the **Benefits Statements Tile** on the **Employee Self Service Homepage**.

You will receive a confirmation of your elections once they are processed and finalized.

Click on the **Complete** button to finish your enrollments, then click on the **Exit** button to exit the Open Enrollment Activity Guide.

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