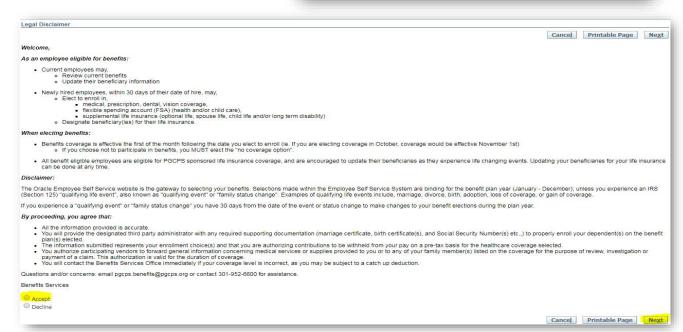
## SELF SERVICE INSTRUCTIONS FOR BENEFITS ENROLLMENT



- Log into Oracle Self Service
- 2 Click BENEFITS Click ACCEPT Click NEXT





3 Confirm each family member you are adding to your health/life insurance is listed in the box titled: CONTACTS and BENEFICIARIES. If the name is not listed, click ADD ANOTHER PERSON and enter dependent information.
Click NEXT

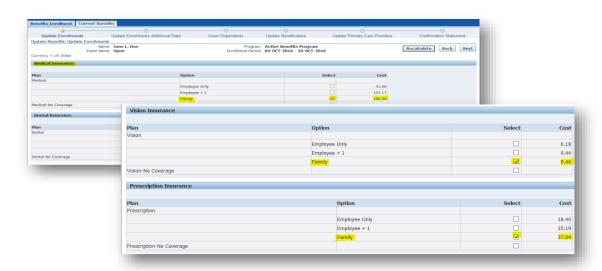
| Add Another Person |              |                        |             |        |
|--------------------|--------------|------------------------|-------------|--------|
| Name               | Relationship | Social Security Number | Birth Date  | Update |
| Michael Doe        | Spouse       | 3333                   | 15-Jan-1956 | 0      |
| Katy Doe           | Child        | 6666                   | 01-Sep-2016 | 0      |
| Henry Doe Jr.      | Brother      | 8888                   | 15-Jan-1973 | 1      |
| Shenelle Doe       | Sister       |                        | 14-Apr-1985 | 0      |

4 Click UPDATE BENEFITS

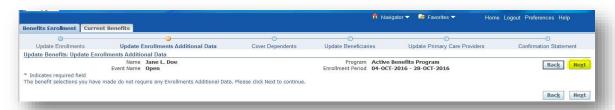
Make sure you are on the BENEFITS ENROLLMENT tab and not on the CURRENT BENEFITS tab.



5 Check the box for each level of coverage you wish to elect, for example: Medical, Dental, Vision, Prescription, Dependent Child Life Insurance, Spouse Life Insurance, Long Term Disability, Optional Life Insurance, Flexible Spending Accounts. Click NEXT

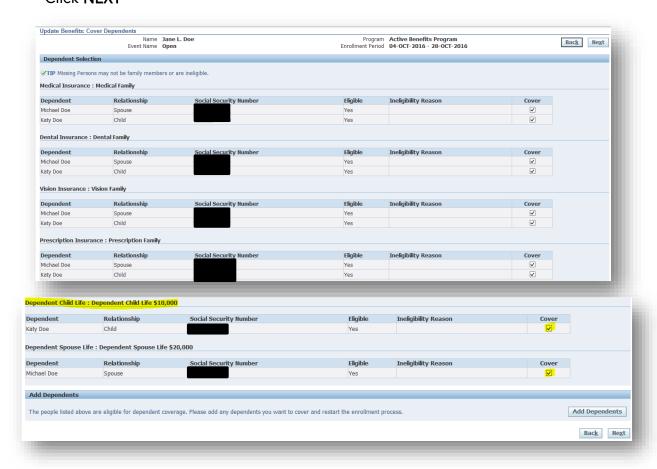


6 Click **NEXT** again





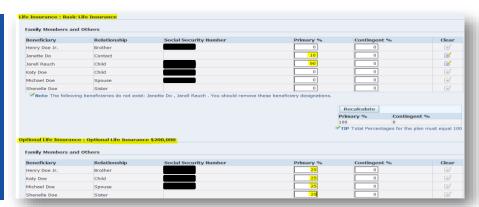
7 Check the box next to the name of dependent(s) you are adding to your HEALTH AND LIFE INSURANCE.
Click NEXT



8 Update your BENIFICIARY AMOUNTS

## Note

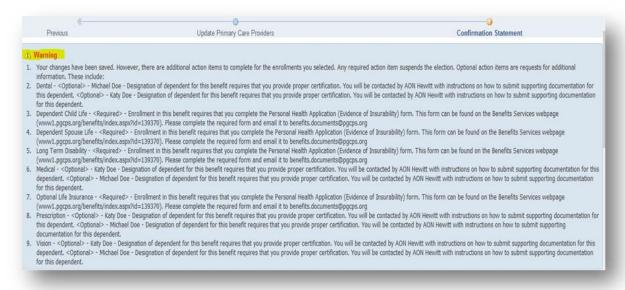
Please ensure to update your beneficiary information for Basic Life and Optional Life insurance (if elected). The election amounts should total 100%.





## 9 Click NEXT

Please read the WARNING section that requires possible further action that you may be required to take. Example: If you elected Employee + One or Family health insurance coverage, our third-party administrator Bolton will contact you. (See message below)



10 Pease review the Confirmation page. Click CONFIRMATION STATEMENT. (Print or save to your desktop) Click FINISH



## **NOTE FOR NEW HIRES**

\*\*\* PGCPS has contracted Bolton to perform ongoing dependent eligibility verification services. All employees who added new dependents to PGCPS group health plans will be required to provide verification of eligibility of their newly enrolled dependent(s). Employees will receive correspondence directly from Bolton and are encouraged to respond to such correspondence as soon as possible. Dependents that are not verified in accordance with the terms included in the correspondence received from Bolton will not be eligible for coverage on PGCPS group health plans. \*\*\*

