

**Employee Self Service (ESS):**

Online Benefits Open Enrollment allows fast and convenient processing of your Benefits Enrollment elections through Employee Self Service (ESS). ESS is an online module within PeopleSoft where employees have access to view and update their personal information, including their Health Benefits elections. You can jump to different sections by selecting the different links. If you are looking at this job aid for this first time it is recommended that you view all sections.

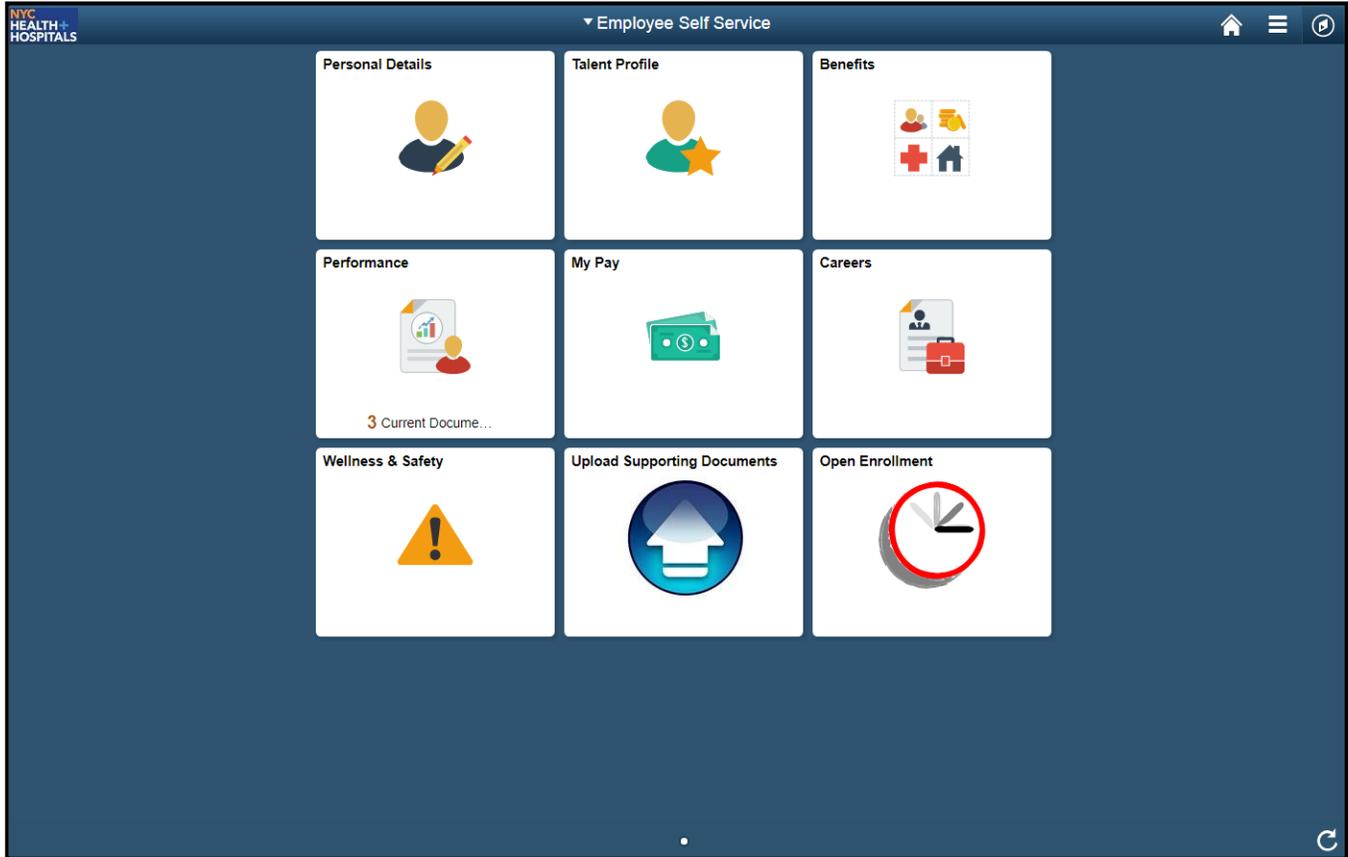
*Supporting Documentation will be **required** for any modification and/or addition of Dependent Information.*

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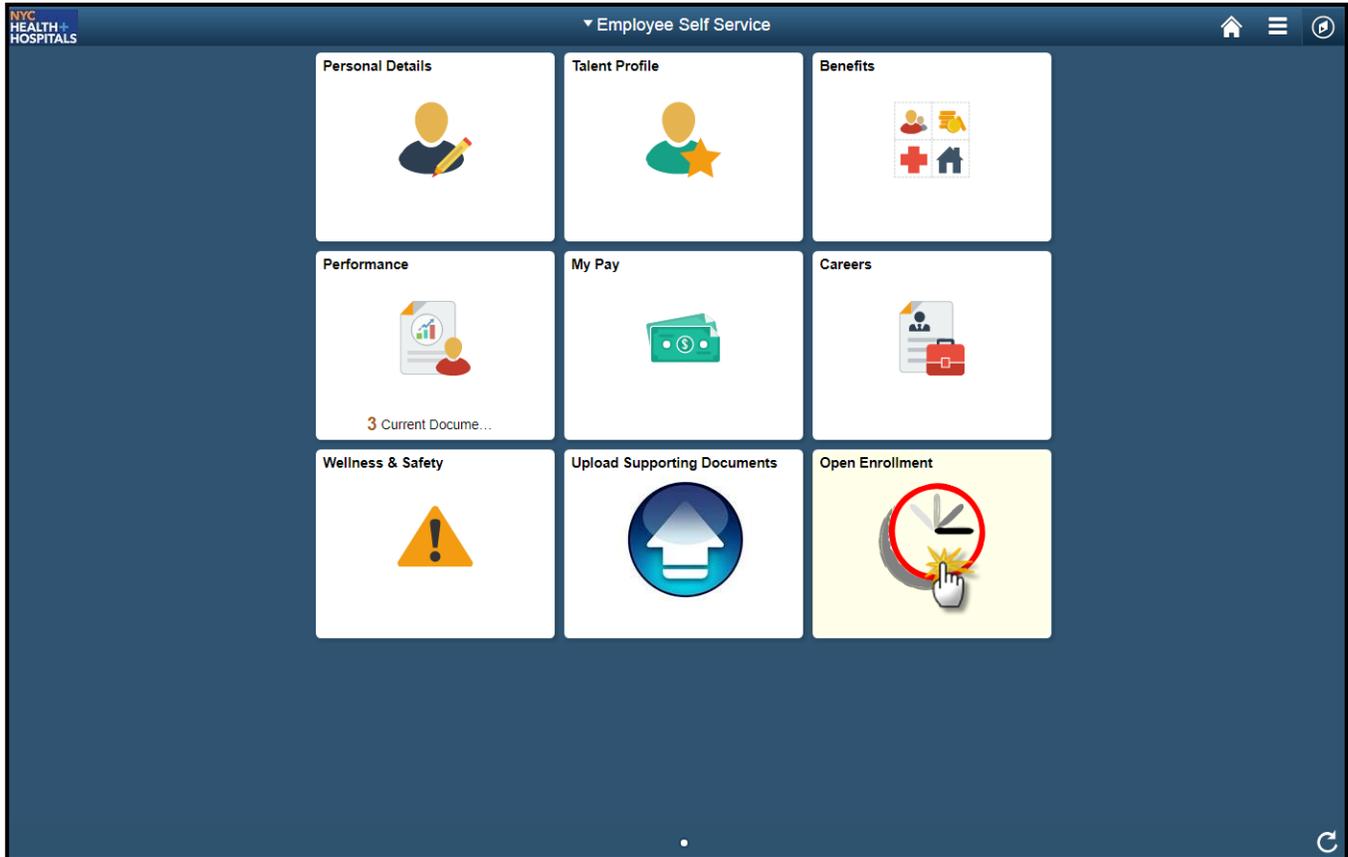
**Open Enrollment Event**

1. After successfully authenticating and logging into **PeopleSoft**, your Home page displays as shown below.



**Navigating to the Benefits Screen**

1. Click on the Open Enrollment tile.



**Reviewing Your Qualifying Event and Event Date**

**Event Description** → This is your Qualifying Event

*Clicking the blue “i” button will give you a brief description of the Qualifying Event*

**Event Date** → This is the date your new Benefits Coverage will take effect

**Event Status** → Only Events in an Open or Submitted Status can be edited

**Job Title** → This is your current Corporate Title which determines your eligibility

1. Click the “**Select**” button to continue.

### Health Benefits Enrollment

CARRINGTON GRANT ELLIS

After your initial enrollment, the only time you may change your health plan is during Open Enrollment or if you experience a Qualifying Event. Qualifying Events can include Return from Leaves, Demotions and Promotions.

Please check your personal information on file. Should NYC Health and Hospitals Benefits Department need to reach out to you regarding your enrollment selections we will use your current contact information, which can be seen by Navigating to Personal Details.

The information icon provides you with additional information about your enrollment. The SELECT button next to an event means it is currently open for enrollment. To Begin your enrollment, click SELECT.

If you are not enrolled into a health plan you may be subject to tax penalties for the time period without coverage.”

Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

Open Benefit Events					
Event Description		Event Date	Event Status	Job Title	
Open Enrollment		01/01/2018	Open	Assistant Coordinating Manager	<div style="border: 2px solid red; padding: 2px; display: inline-block;">Select</div> 

Once you click **Select**, please wait momentarily for your benefits enrollment information to become available for updating.

**Reviewing Your Current Health Coverage and Costs**

Here, you are able to do the following:

- Edit your Health Plan Elections
- View your Current and potential New Medical Plan(s)

1. Click the “**Edit**” button to change your Medical coverage or Add/Drop Dependents.

Health Benefits Enrollment  
**Open Enrollment**  
CARRINGTON GRANT ELLIS

The Open Enrollment Period is now open. During this Open Enrollment Period you may choose different medical plans. If you do not have medical coverage, you can add it, or if you no longer need it, you can cancel your coverage. You can also add or drop dependents on your coverage.

Select **Edit** on the Medical row to begin or continue your Open Enrollment process.

If you wish to make an addition or change for a Domestic Partner, select **Edit** on the Domestic Partner Medical row after you have made your selections on Medical.

If you have a Domestic Partner on coverage and your Domestic Partner is now your spouse you must submit a marriage certificate as supporting documentation.

**i** Important: Your enrollment will not be complete until you Submit your choices.

Enrollment Summary			
Medical	Before Tax	After Tax	Edit
Current: GHI-CBP Basic:Empl Only			
New: GHI-CBP Basic:Empl Only	0.00		
Domestic Partner Medical			
Current: No Coverage	Before Tax	After Tax	Edit
New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

Election Summary			
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	0.00	0.00	0.00
Your Costs	0.00	0.00	0.00

Submit    I Have No Changes

**Reviewing Health Plan Options and Selecting a Plan**

This page allows you to view all of the Plans that you are currently eligible for with their corresponding costs per Pay-Period. In addition, you can use the following tools:

- **Overview of All Plans** → Gives you a shorter list of all eligible plans and their Costs
- **Costs** → Both Employee Only and Family Costs

1. Select the plan in which you would like to enroll, by clicking the circle next to the plan name. If you have dependents, continue to the [\*\*ADDING DEPENDENTS\*\*](#) section.

The screenshot displays the 'Health Benefits Enrollment' page for 'CARRINGTON GRANT ELLIS'. It lists several medical plan options with their respective coverage levels, costs, and tax classes. A red box highlights the 'GHI HMO Basic' plan, and a red arrow points to its selection radio button. Below the plan list, there is a section for 'Enroll Your Dependents' with a table for 'Dependent Beneficiary' and buttons for 'Add/Review Dependents', 'Update Elections', and 'Discard Changes'. The 'Update Elections' button is also highlighted with a red box and a mouse cursor.

Plan Name	Coverage Level	Your Costs	Tax Class
GHI HMO Basic	Employee Only	\$49.45	Before-Tax
	Family	\$153.73	Before-Tax
GHI HMO Full Rider	Employee Only	\$139.98	Before-Tax
	Family	\$383.01	Before-Tax
Buyout Waiver	Employee Only	\$0.00	Before-Tax
	Family	\$0.00	Before-Tax
Waive	Employee Only	\$0.00	Before-Tax
	Family	\$0.00	Before-Tax

If you do not have dependents, click the ***"Update Elections"*** button.

**Adding Dependents**

1. Click the ***“Add/Review Dependents”*** button to add your dependent(s).

**Enroll Your Dependents**

The following list displays individuals who may be eligible to be your dependents. This may include dependents that are not currently covered who may be eligible. Currently covered dependents are indicated by a check mark next to their name.

If your dependent is covered by another City Agency, you cannot enroll your dependent under your health benefits coverage through the City of New York. **\*Double City Coverage is NOT permitted\*.**

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name. Click **Add/Review Dependents** button to add new dependents to your coverage or to modify a dependent's personal information.

Dependent Beneficiary		
Enroll	Name	Relationship
<input type="checkbox"/>		

**Add/Review Dependents**

**Update Elections**      **Discard Changes**

Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

2. Click the ***“Add a dependent or beneficiary”*** button to add your dependent(s) personal information.

**Add/Review Dependent/Beneficiary**

CARRINGTON GRANT ELLIS

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

**No Dependents on Record**

**Add a dependent or beneficiary**

**Adding Dependents (Cont.)**

3. Enter the required fields and click the **Save** button:

**Dependent/Beneficiary Personal Information**

CARRINGTON GRANT ELLIS

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2018.

**Personal Information**

\*First Name TRACEY  
Middle Name  
\*Last Name ELLIS  
Date of Birth 09/22/2009  
\*Gender Male  
SSN (Social Security Number)  
\*Relationship to Employee Child

**Status Information**

\*Marital Status Single  
Disabled No

**Address and Telephone**

Same Address as Employee  
Country United States  
Address  
  
 Same Phone as Employee  
Phone

**Save**

4. You will get the following Save Confirmation. Click the **OK** button.

**Personal Information**

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**Save Confirmation**

The Save was successful.

**OK**

**Adding Dependents (Cont.)**

5. This will take you back to the dependents information page. Click on back button **W3eb Depben Rvw** then again on **W3eb Enr 1x Elect..**

**W3eb Depben Rvw** Add/Review Dependent/Beneficiary

Add/Review Dependent/Beneficiary

CARRINGTON GRANT ELLIS

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent Information								
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
TRACEY ELLIS	Child	09/22/2009	Single		No	No	Yes	Yes

Add a dependent or beneficiary

**W3eb Enr 1x Elect** Add/Review Dependent/Beneficiary

Add/Review Dependent/Beneficiary

CARRINGTON GRANT ELLIS

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent Information								
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
TRACEY ELLIS	Child	09/22/2009	Single		No	No	Yes	Yes

Add a dependent or beneficiary

**Covering Dependents**

1. Scroll down to Enroll Your Dependents on this page and check the Enroll box next to all the dependents that you want to cover. This allows you to add dependents for Health Coverage purposes ONLY. This has no impact on your Tax withholding

**Enroll Your Dependents**

The following list displays individuals who may be eligible to be your dependents. This may include dependents that are not currently covered who may be eligible. Currently covered dependents are indicated by a check mark next to their name.

If your dependent is covered by another City Agency, you cannot enroll your dependent under your health benefits coverage through the City of New York. \*Double City Coverage is NOT permitted\*.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name. Click Add/Review Dependents button to add new dependents to your coverage or to modify a dependent's personal information.

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	TRACEY ELLIS	Spouse

Buttons: Add/Review Dependents, Update Elections, Discard Changes

Select the Update Elections button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the Discard Changes button to ignore all entries made on this page and return to the Enrollment Summary.

**REMEMBER**, only dependents with the “Enroll” checkbox checked next to their name as shown above will be covered! If you are covering a domestic partner, DO NOT CHECK THEM OFF IN THIS STEP. They are to be added to your policy in a different section of the module. (Note: Domestic Partners will be taxed differently, if you are adding a domestic partner please refer to page 18.) Additionally, if adding domestic partners to plan, a modified election process will be performed.

**REMEMBER**, Supporting Documentation will be required for all modifications and additions of Dependents. Please see the [SUBMIT SUPPORTING DOCUMENTATION](#) section for more information!

Your Costs	Tax Class
\$0.00	Before-Tax
\$0.00	Before-Tax

Message

Any dependent added during the Open Enrollment event will require supporting documents for processing. Your elections will be pending until documentation has been received and validated.

OK

coverage is NOT

by checking the

**Covering Dependents (Cont.)**

2. Click the “**Update Elections**” button when you have completed both your Health Coverage Elections AND reviewed your dependents.

**Enroll Your Dependents**

The following list displays individuals who may be eligible to be your dependents. This may include dependents that are not currently covered who may be eligible. Currently covered dependents are indicated by a check mark next to their name.

If your dependent is covered by another City Agency, you cannot enroll your dependent under your health benefits coverage through the City of New York. **\*Double City Coverage is NOT permitted\*.**

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name. Click **Add/Review Dependents** button to add new dependents to your coverage or to modify a dependent's personal information.

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	TRACEY ELLIS	Spouse

**Add/Review Dependents**

**Update Elections**



**Discard Changes**

Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

3. Click the “**Update Elections**” button to store your choices.

Health Benefits Enrollment

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**Medical**

CARRINGTON GRANT ELLIS

 Important: Your enrollment will not be complete until you Submit your choices.

**Your Choice**

You have chosen HIP HMO Basic with Family coverage.

**Your Estimated per-pay-period Cost**

Your Cost	\$0.00
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**Your Covered Dependents**

Dependent Information	
Name	Relationship
TRACEY ELLIS	Child

**Notes**

Once submitted, this choice will take effect on 01/01/2018. Deductions for this choice will start with the pay period beginning 01/01/2018.

**Update Elections**



**Discard Changes**

Select the **Update Elections** button to store your choices.

Select the **Discard Changes** button to go back and change your choices.

**Reviewing Your Future Plan and Cost**

1. You will be prompted to review your Current Plan and Costs against your New Plan and Costs. After reviewing click on **Submit**.

**Enrollment Summary**

Medical Before Tax After Tax

Current: GHI-CBP Basic:Empl Only

New: HIP HMO Basic:Family 0.00

Domestic Partner Medical Before Tax After Tax

Current: No Coverage

New: No Coverage

This table summarizes estimated costs for your new benefit choices.

<b>Election Summary</b>			
Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	0.00	0.00	0.00
Your Costs	0.00	0.00	0.00

Click Submit to send your final choices.

**i** Important: Your enrollment will not be complete until you Submit your choices.

**Employee Certification**

1. You will be required to confirm that you read New York City’s Employee Certification in order to enroll in Health Benefits. After reviewing click on **Submit**.

Health Benefits Enrollment

**Submit Benefit Choices**

CARRINGTON GRANT ELLIS

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you would like up until 31 days after your event date. However, once you click Submit your benefit choices will be processed.

Please be aware there are After-Tax implications for dependents who are domestic partners and there may be tax penalties for those not enrolled into a health plan.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment or if you have a qualifying event.

If you have any questions, please contact HR Shared Services 55 Water Street 26th Fl. New York, NY 10041 (646) 458-5634, HHCBenefits@nychhc.org.

**Employee Certification**

I certify that the above information is correct and I authorize the City to deduct from my salary the amount required, if any, through the City Health Benefits Program. I understand that the City Program’s benefits will be coordinated with those available through Medicare or any other source. Furthermore, I agree that my periodic health plan deductions, if any, will be made on a pre-tax basis pursuant to the Internal Revenue Code 125. I understand that I have an option to decline this benefit, by obtaining a Medical Spending Conversion Form, both of which are obtainable at my payroll office, (Section 125 does not apply to retirees.) If I have checked the Waive Benefits Box in the Elections Options section, I am choosing not to participate in the City Health Benefits Program at this time.

Click Submit to send your final choices.

**Submission Confirmation**

This is the confirmation page you will receive once your changes have been submitted.

**REMEMBER**, Supporting Documentation is required for any changes involving dependents!

**REMEMBER**, check your Outlook email in order to make sure your changes have been approved by HRSS/Benefits. If there are any problems, HRSS/Benefits will contact you via email. If you fail to respond, your requests will **NOT** be processed.

1. Click on the “**Add Benefit Supporting Documentation**” link to begin submitting Supporting Documentation for your new dependent.

Health Benefits Enrollment

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**Submit Confirmation**

CARRINGTON GRANT ELLIS

Employee ID:

Your benefit choices have been successfully submitted. A confirmation will be available to you approximately two weeks after Open Enrollment has ended. To return to the Benefits Enrollment page, click **OK**.

If you added a new dependent or modified dependent's personal information, submission of supporting documentation to HRSS is mandatory. Your elections will be pending until this documentation has been validated. Please click on the [Add Benefits Supporting Documentation](#) link, and follow the instructions provided to submit your supporting documentation.

Please check your personal information on file, should NYC Health and Hospitals Benefits Department need to reach out to you regarding your enrollment selections we will be using your current contact information, which can be seen by Navigating to Personal Details.

**Submitting Supporting Documentation**

1. Click on the “**Dependent Supporting Documentation**” or “**Domestic Partner Supporting Documents**” link to begin submitting Supporting Documentation for your new dependent(s).

What type of documentation do you wish to submit?

Buyout Waiver Supporting Documents

Dependent Supporting Documentation ← Spouse, Child, or Legal Ward

Domestic Partner Supporting Documentation ← Domestic Partner

*Please note: Whenever adding or modifying a dependent it is required to submit necessary supporting documentation to HRSS/Benefits.*

2. This will take you to the **Form** tab. Answer the question on this page and add any additional information in the *More Information* box. Click the **Save** button. Proceed to the **Instructions** tab.

Form | Instructions

**Dependent Documentation Form**

Please answer the question below; click the SAVE button and then proceed to the Instructions Tab.

Subject CARRINGTON GRANT ELLIS

Employee ID

Status Initial

\*Have you added your Domestic Partner to your Health Plan in eBenefits through Self-Service?

More Information

Form | Instructions

Save

**Submitting Supporting Documentation (Cont.)**

The **Instructions** tab will explain which supporting documents are acceptable.

**Dependent Documentation Form**

If you have not added your Domestic Partner to your Health Plan in eBenefits, please navigate to Main Menu>Self Service>Benefits>Benefits Enrollment, to update your Coverage and then submit applicable forms.

1. **Please go to the Attachments tab and attach the necessary documentation (see below for details).**
2. Review the document "Instructions for the Addition of Domestic Partners to City Health Plan Coverage" located on the Attachments tab.
3. Complete and attach a **Health Benefits Application** on the Attachments tab. This form can be viewed in a new window when clicking the **Open** link and then printed.
4. Please provide a Domestic Partner Affidavit Certificate; for partnerships of more than one year, also provide proof of joint ownership or proof of cohabitation.
  - o For a complete list of required documentation, please go to the Attachments tab and click on the **Open** link for the **New Documentation Requirements**.
5. Click on the Attach button on the Attachments tab to submit a scanned copy of the certificate and any additional documentation.
6. **After attaching all required documents on the Attachments tab, return to the Form tab and click Submit.**

*For instructions on how to scan and upload documentation, please read the How to guide on the ESS website: <http://ess.nychhc.org>*

**3.** After you have read the instructions, select the **Attachments** tab. Click the **Open** links to view and/or print the different blank forms. Complete these form(s) with the appropriate information, if applicable. Then scan any supporting documents and attach the electronic documents by clicking the **Attach** button. You can add additional attachments by selecting the **+** button and delete them by selecting the **-** button.

Form | Instructions | **Attachments**

Seq Nbr 22782      **Dependent Documentation Form**  
Subject CARRINGTON GRANT ELLIS

After attaching all required documents, please return to the Form tab and click **Submit** to finish submitting your supporting documentation.

Download Templates		Personalize   Find   View All	First 1-4 of 4 Last
Description	Attached File		Open
1 Domestic Partner Enrollment	Domestic_Partner_Enrollment_Information.pdf	→	Open
2 New Documentation Requirements	New_Documentation_Requirements.pdf	→	Open
3 Summary Program Description	OLR_SummaryProgramDescription_updated.pdf	→	Open
4 Health Benefits Application	Health_Benefits_Application.pdf	→	Open

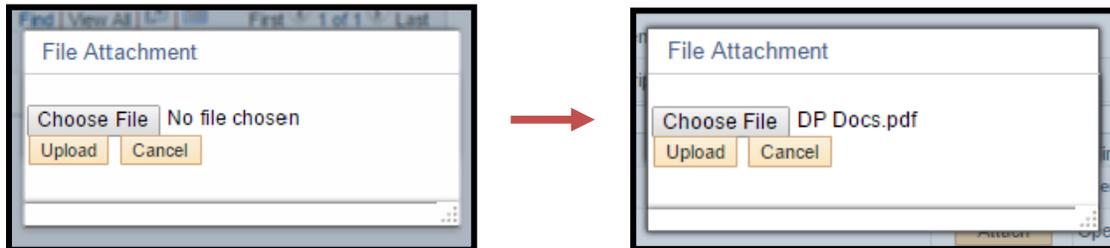
  

Upload your attachments		Personalize   Find   View All	First 1 of 1 Last
*Description	Attached File	Attach	Open
1 <input style="width: 150px;" type="text"/>		Attach	Open

Form | Instructions | Attachments

**Submitting Supporting Documentation (Cont.)**

4. The File Attachment pop up appears. Click the **Browse...** button to search for your document.



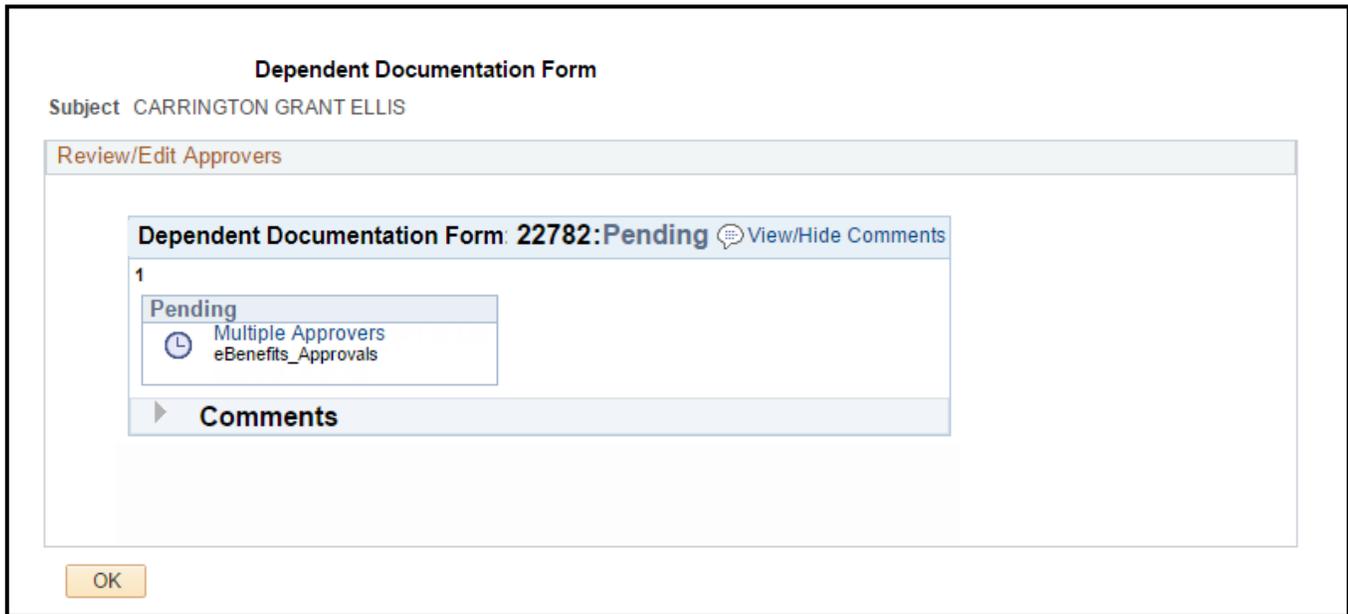
After finding your document, click the **Upload** pushbutton to upload your document. [Click the **Cancel** pushbutton to cancel].

5. After you have attached all files, go back to the **Form** tab. Click the **Submit** button at the bottom for your Form to be sent to HRSS/Benefits for review.

The screenshot displays a web form titled 'Dependent Documentation Form'. At the top, there are tabs for 'Form', 'Instructions', and 'Attachments', with 'Form' being the active tab. The form contains the following fields: 'Seq Nbr' with value '22782', 'Subject' with value 'CARRINGTON GRANT ELLIS', 'Employee ID' (empty), and 'Status' with value 'Initial'. A dropdown menu is labeled '\*Have you added your Domestic Partner to your Health Plan in eBenefits though Self-Service?' with 'Yes' selected. Below these is a large 'More Information' text area. At the bottom, there are 'Save' and 'Submit' buttons. The 'Submit' button is highlighted with a red rectangular box, and a mouse cursor is clicking on it. A breadcrumb trail at the bottom left reads 'Form | Instructions | Attachments'.

**Submitting Supporting Documentation (Cont.)**

6. The following screen will appear that shows the status as Pending. Click the **OK** button at the bottom.



Your documentation will now be reviewed by HRSS Benefits. You will receive an email notifying you of any updates to the status of your supporting documentation.

**If Adding a Domestic Partner**

1. When on your Health Benefits Enrollment page click on the second **EDIT** button to add the domestic partner to insurance.

Health Benefits Enrollment  
Open Enrollment  
CARRINGTON GRANT ELLIS

The Open Enrollment Period is now open. During this Open Enrollment Period you may choose different medical plans. If you do not have medical coverage, you can add it, or if you no longer need it, you can cancel your coverage. You can also add or drop dependents on your coverage.

Select **Edit** on the Medical row to begin or continue your Open Enrollment process.

If you wish to make an addition or change for a Domestic Partner, select **Edit** on the Domestic Partner Medical row after you have made your selections on Medical.

If you have a Domestic Partner on coverage and your Domestic Partner is now your spouse you must submit a marriage certificate as supporting documentation.

**i** Important: Your enrollment will not be complete until you **Submit** your choices.

**Enrollment Summary**

Medical	Before Tax	After Tax	Edit
Current: GHI-CBP Full Rider:Empl Only New: GHI-CBP Full Rider:Empl Only	58.03		
<b>Domestic Partner Medical</b> ←	Before Tax	After Tax	<b>Edit</b>
Current: No Coverage New: No Coverage			

This table summarizes estimated costs for your new benefit choices.

**Election Summary**

Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	58.03	58.03	0.00
Your Costs	58.03	58.03	0.00

*Domestic partners health care policy **must match** the employee plan. If you wish to change to another plan, you must make the change on the primary insurance record under the top edit button.*

Health Benefits Enrollment  
**Domestic Partner Medical**  
CARRINGTON GRANT ELLIS

Domestic Partner Medical coverage protects your dependents if they become sick or injured.

If you have a Domestic Partner on coverage and your Domestic Partner is now your spouse you must submit a marriage certificate as supporting documentation.

**i** Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.

This benefit plan requires enrollment in one of the following plans:  
Medical

If you make changes to your Medical plan after you have elected the Domestic Partner Medical plan, you must update your elections on this page.

Select an Option

Here Are Your Available Options With Your per-pay-period Costs:

Overview of All Plans Summary Program Description

Select one of the following plans:

Aetna EPO Basic

Notice that this option is disabled because you have to choose the Aetna EPO Basic in the Medical benefit for this option to be valid.

Coverage Level	Your Costs	Tax Class
Domestic Partner Adult	\$0.00	

Empire HMO Full Rider

Notice that this option is disabled because you have to choose the Empire HMO Full Rider in the Medical benefit for this option to be valid.

Coverage Level	Your Costs	Tax Class
Domestic Partner Adult	\$0.00	

GHI-CBP Basic

Notice that this option is disabled because you have to choose the GHI-CBP Basic in the Medical benefit for this option to be valid.

Coverage Level	Your Costs	Tax Class
Domestic Partner Adult	\$0.00	

GHI-CBP Full Rider

Coverage Level	Your Costs	Tax Class
Domestic Partner Adult	\$0.00	

HIP HMO Basic

Notice that this option is disabled because you have to choose the HIP HMO Basic in the Medical benefit for this option to be valid.

Coverage Level	Your Costs	Tax Class
Domestic Partner Adult	\$0.00	

HIP HMO Full Rider

**If Adding a Domestic Partner (Cont.)**

2. Click **Update Elections** to submit Domestic Partner information for coverage.

**Enroll Your Dependents**

The following list displays individuals who may be eligible to be your dependents. This may include dependents that are not currently covered who may be eligible. Currently covered dependents are indicated by a check mark next to their name.

If your dependent is covered by another City Agency, you cannot enroll your dependent under your health benefits coverage through the City of New York. \*Double City Coverage is NOT permitted\*.

You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependent's name. Click **Add/Review Dependents** button to add new dependents to your coverage or to modify a dependent's personal information.

Dependent Beneficiary		
Enroll	Name	Relationship
<input type="checkbox"/>	AUSTIN ELLIS	Child
<input checked="" type="checkbox"/>	JAMES BUTTERFINGER	Domestic Partner Adult

**Add/Review Dependents**      **Update Elections**      **Discard Changes**

**Leave these dependents unchecked when enrolling domestic partner.**

Select the **Update Elections** button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Select the **Discard Changes** button to ignore all entries made on this page and return to the Enrollment Summary.

3. Review your choices and click **Update Elections**.

Health Benefits Enrollment

**Domestic Partner Medical**

CARRINGTON GRANT ELLIS

**i** Important: Your enrollment will not be complete until you Submit your choices.

**Your Choice**

You have chosen GHI-CBP Full Rider with Domestic Partner Adult coverage.

**Your Estimated per-pay-period Cost**

Your Cost	\$0.00
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**Your Covered Dependents**

Primary Care Provider Details	
Name	Relationship
JAMES BUTTERFINGER	Domestic Partner Adult

**Notes**

Once submitted, this choice will take effect on 01/01/2018. Deductions for this choice will start with the pay period beginning 01/01/2018.

**Update Elections**      **Discard Changes**

Select the **Update Elections** button to store your choices.

Select the **Discard Changes** button to go back and change your choices.

**If Adding a Domestic Partner (Cont.)**

4. Click the “**Submit**” button to continue.

Health Benefits Enrollment

**Open Enrollment**

CARRINGTON GRANT ELLIS

The Open Enrollment Period is now open. During this Open Enrollment Period you may choose different medical plans. If you do not have medical coverage, you can add it, or if you no longer need it, you can cancel your coverage. You can also add or drop dependents on your coverage.

Select **Edit** on the Medical row to begin or continue your Open Enrollment process.

If you wish to make an addition or change for a Domestic Partner, select **Edit** on the Domestic Partner Medical row after you have made your selections on Medical.

If you have a Domestic Partner on coverage and your Domestic Partner is now your spouse you must submit a marriage certificate as supporting documentation.

**i** Important: Your enrollment will not be complete until you **Submit** your choices.

**Enrollment Summary**

<b>Medical</b>	Before Tax	After Tax	<b>Edit</b>
Current: GHI-CBP Full Rider:Empl Only			
New: GHI-CBP Full Rider:Empl Only	58.03		
<b>Domestic Partner Medical</b>	Before Tax	After Tax	<b>Edit</b>
Current: No Coverage			
New: GHI-CBP Full Rider:DPAult			

This table summarizes estimated costs for your new benefit choices.

**Election Summary**

Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	58.03	58.03	0.00
Your Costs	58.03	58.03	0.00

**Submit**

Click **Submit** to send your final choices.

**i** Important: Your enrollment will not be complete until you **Submit** your choices.

**If Adding a Domestic Partner (Cont.)**

5. You will be required to confirm that you read New York City’s Employee Certification in order to enroll in Health Benefits.

Health Benefits Enrollment

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**Submit Benefit Choices**

CARRINGTON GRANT ELLIS

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you would like up until you submit or before the enrollment deadline. However, once you click Submit your benefit choices will be processed.

Please be aware there are After-Tax implications for dependents who are domestic partners.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment or if you have a qualifying event.

If you have any questions, please contact HRSS/HHC Corporate Benefits, 55 Water Street, 26th Floor, New York, NY 10041 (646) 458-5634, HHCBenefits@nychhc.org.

**Employee Certification**

I certify that the above information is correct and I authorize the City to deduct from my salary the amount required, if any, through the City Health Benefits Program. I understand that the City Program's benefits will be coordinated with those available through Medicare or any other source. Furthermore, I agree that my periodic health plan deductions, if any, will be made on a pre-tax basis pursuant to the Internal Revenue Code 125. I understand that I have an option to decline this benefit, by obtaining a Medical Spending Conversion Form, both of which are obtainable at my payroll office, (Section 125 does not apply to retirees.) If I have checked the Waive Benefits Box in the Elections Options section, I am choosing not to participate in the City Health Benefits Program at this time.

Click **Submit** to send your final choices.

**If Adding a Domestic Partner (Cont.)**

This is the confirmation page you will receive once your changes have been submitted.

**REMEMBER**, Supporting Documentation is required for any changes involving dependents!

**REMEMBER**, check your Outlook email in order to make sure your changes have been approved by HRSS/Benefits. If there are any problems, HRSS/Benefits will contact you via email. If you fail to respond, your requests will **NOT** be processed.

6. Click on the “**Add Benefit Supporting Documentation**” link to begin submitting Supporting Documentation for your new dependent.

Health Benefits Enrollment

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**Submit Confirmation**

CARRINGTON GRANT ELLIS

Employee ID:

Your benefit choices have been successfully submitted. A confirmation will be available to you upon request. To return to the Benefits Enrollment page, click **OK**.

If you added a new dependent or modified dependent's personal information, submission of supporting documentation to HRSS/HHC Corporate Benefits is mandatory. **If you added a dependent who was dropped during the Dependent Eligibility Verification Audit, the same documentation that was requested during the audit will be required for reinstatement of coverage for those dependents.** Your elections will be pending until this documentation has been validated. Please click on the [Add Benefits Supporting Documentation](#) link, and follow the instructions provided to submit your supporting documentation.

Please check your personal information on file, should HRSS/HHC Corporate Benefits need to reach out to you regarding your enrollment selections we will be using your current contact information, which can be seen by Navigating to Self Service > Personal Information.

**Submitting Supporting Documentation for DP**

1. Click on the “**Dependent Supporting Documentation**” or “**Domestic Partner Supporting Documents**” link to begin submitting Supporting Documentation for your new dependent.

What type of documentation do you wish to submit?

Buyout Waiver Supporting Documents

Dependent Supporting Documentation

Domestic Partner Supporting Documentation

Please note: Whenever adding or modifying a dependent it is required to submit necessary supporting documentation to HRSS/Benefits.

2. This will take you to the **Form** tab. Answer the question on this page and add any additional information in the *More Information* box. Click the **Save** button. Proceed to the **Instructions** tab.

Form | Instructions

**Domestic Partner Form**

Please answer the question below; click the SAVE button and then proceed to the Instructions Tab.

Subject CARRINGTON GRANT ELLIS

Employee ID

Status Initial

\*Have you added your  Domestic Partner to your Health Plan in eBenefits through Self-Service?

More Information

Save

Form | Instru

**Submitting Supporting Documentation for DP (Cont.)**

The **Instructions** tab will explain which supporting documents are acceptable.

**Domestic Partner Form**

If you have not added your Domestic Partner to your Health Plan in eBenefits, please navigate to Main Menu>Self Service>Benefits>Benefits Enrollment, to update your Coverage and then submit applicable forms.

1. **Please go to the Attachments tab and attach the necessary documentation (see below for details).**
2. Review the document "Instructions for the Addition of Domestic Partners to City Health Plan Coverage" located on the Attachments tab.
3. Complete and attach a **Health Benefits Application** on the Attachments tab. This form can be viewed in a new window when clicking the **Open** link and then printed.
4. Please provide a Domestic Partner Affidavit Certificate; for partnerships of more than one year, also provide proof of joint ownership or proof of cohabitation.
  - o For a complete list of required documentation, please go to the Attachments tab and click on the **Open** link for the **New Documentation Requirements**.
5. Click on the Attach button on the Attachments tab to submit a scanned copy of the certificate and any additional documentation.
6. **After attaching all required documents on the Attachments tab, return to the Form tab and click **Submit**.**

For instructions on how to scan and upload documentation, please read the How to guide on the ESS website: <http://ess.nychhc.org>

3. After you have read the instructions, select the **Attachments** tab. Click the **Open** links to view and/or print the different blank forms. Complete these form(s) with the appropriate information, if applicable. Then scan any supporting documents and attach the electronic documents by clicking the **Attach** button. You can add additional attachments by selecting the **+** button and delete them by selecting the **-** button.

Form

Instructions

Attachments

Seq Nbr 22782 **Domestic Partner Form**

Subject CARRINGTON GRANT ELLIS

After attaching all required documents, please return to the Form tab and click **Submit** to finish submitting your supporting documentation.

Download Templates		Personalize   Find   View All	First  1-4 of 4  Last
Description	Attached File		Open
1 Domestic Partner Enrollment	Domestic_Partner_Enrollment_Information.pdf	→	Open
2 New Documentation Requirements	New_Documentation_Requirements.pdf	→	Open
3 Summary Program Description	OLR_SummaryProgramDescription_updated.pdf	→	Open
4 Health Benefits Application	Health_Benefits_Application.pdf	→	Open

Upload your attachments		Personalize   Find   View All	First  1 of 1  Last
*Description	Attached File	Attach	Open
1 <input style="width: 150px;" type="text"/>		Attach	Open <span style="float: right; border: 1px solid red; padding: 2px;">+ -</span>

Form | Instructions | Attachments

**Submitting Supporting Documentation for DP (Cont.)**

4. The File Attachment pop up appears. Click the ***Browse...*** button to search for your document.



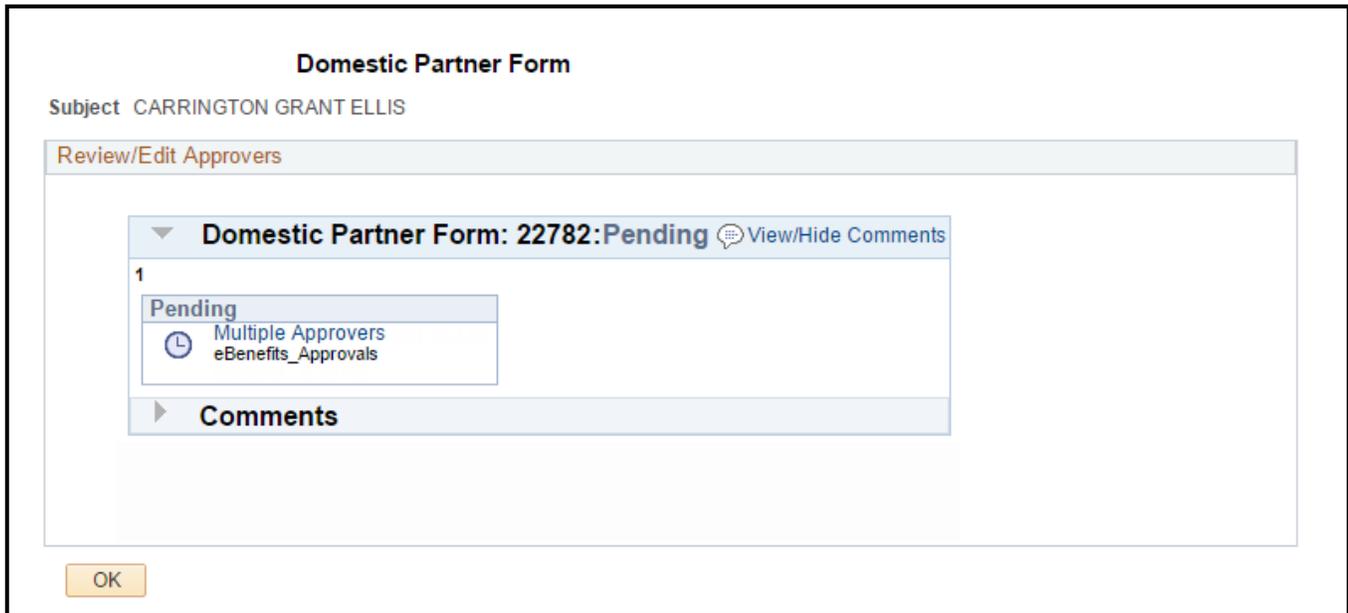
After finding your document, click the ***Upload*** pushbutton to upload your document. [Click the ***Cancel*** pushbutton to cancel].

5. After you have attached all files, go back to the **Form** tab. Click the ***Submit*** button at the bottom for your Form to be sent to HRSS/Benefits for review.

The screenshot displays the 'Domestic Partner Form' interface. At the top, there are tabs for 'Form', 'Instructions', and 'Attachments'. The form content includes: 'Seq Nbr 22782', 'Domestic Partner Form' title, a red instruction 'Please answer the question below; click the SAVE button and then proceed to the Instructions Tab.', 'Subject CARRINGTON GRANT ELLIS', 'Employee ID' field, 'Status Initial', and a dropdown menu for '\*Have you added your Domestic Partner to your Health Plan in eBenefits though Self-Service?' with 'Yes' selected. Below this is a 'More Information' text area. At the bottom, there are 'Save' and 'Submit' buttons. The 'Submit' button is highlighted with a red box and a hand cursor icon. The footer contains 'Form | Instructions | Attachments'.

**Submitting Supporting Documentation for DP (Cont.)**

6.The following screen will appear that shows the status as Pending. Click the **OK** button at the bottom.



Your documentation will now be reviewed by HRSS/Benefits. You will receive an email notifying you of any updates to the status of your supporting documentation.

If you have any questions about your elections you can contact HRSS/Benefits by phone at (646) 458-5634 or by email at [HHCBenefits@nychhc.org](mailto:HHCBenefits@nychhc.org).