

BENEFIT ENROLLMENT DOCUSIGN PROCESS

(Applies to all listed documents)

1. Go to [Human Resources](#) website:
 - a. Select the “Benefits & Pay” tab
 - b. Select any of the below sections:
 - i. Medical Benefits
 1. CalPERS Health Benefits Plan Enrollment for Active Employees (HBD-12)
 2. Flexcash Program Enrollment Authorization To enroll in the Flexcash Program
 3. Health/Dependent Care Reimbursement Account Enrollment Form
 - ii. Dental Benefits
 1. CSU Dental Plan Enrollment Authorization (CSU 692)
 - c. You may also find all forms by selecting the “Forms & Policies” link on the Human Resources main page under “HR Quick Links”.

Welcome to Human Resources

In efforts to mitigate the spread of COVID-19 and in practicing social distancing, Human Resources will remain open to serve the campus community but with limited staff on-site, between **8:00 am to 5:00 pm**.

Please find below our contact information:
For a quick response, Submit a Service Request
Email: hrassess@sfau.edu
Telephone: (415) 338-1872

HR Client Service Center

[Submit Service Request](#)

[HR Public Knowledge Base](#)

HR Quick Links

- [Calendar & Schedules](#)
- [Directives & Guidelines](#)
- [Forms & Policies](#)
- [HRMS Log-In](#)
- [Self Service](#)
- [SF State Password](#)
- [Lactation Room](#)
- [HR Directory](#)
- [Staff Symposium](#)
- [SF State IT Resources](#)
- [Coronavirus \(COVID-19\) Manager\(s\) and Staff FAQs](#)
- [Temporary Telecommuting Agreement - COVID-19](#)
- [Temporary Paid Administrative Leave Request](#)

Future Employees

New Employees

Current Employees

Managers and HR Liaisons

Student Employment

Retirement Services

i.

2. Log into DocuSign with your SF State credentials and Duo Authentication
3. The selected form will open
4. Select “Use” to open form

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☆ **CaIPERS Health Benefits Plan Enrollment for Active Employees (HBD-12)** ⓘ ⚙

Eligible for matching

Employee enrollment authorization for types of new employee, changes, and cancellations

USE EDIT MOVE SHARED (4) MORE ▾

Recipients

1	Employee:	Needs to Sign
2	HR Benefits: HR Benefits & Retirement Services Signing Group	Needs to Sign
3	Human Resources: Ericka Jackson erickaj@sfsu.edu	Needs to Sign

5. Complete your signature routing (**Employee Section Only**):

CaIPERS Health Benefits Plan Enrollment for Active Employees (HBD-12)

Recipients

1	Employee	NEEDS TO SIGN MORE ▾
Name *		
<input type="text"/>		
<small>You may select your name or begin typing to auto-populate your name and email</small>		
<input type="text"/>		

6. Select “Send”

recipients

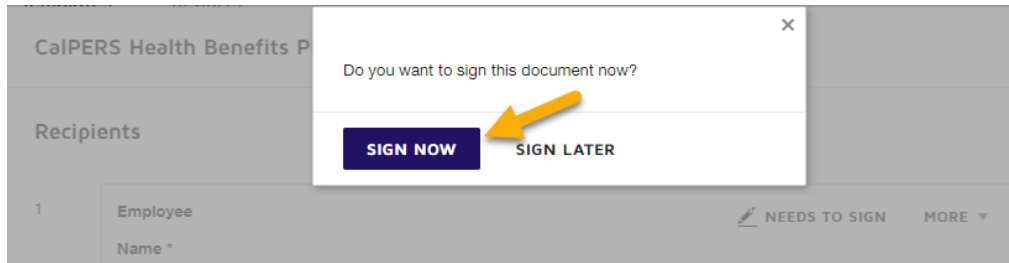
1	Employee	NEEDS TO SIGN MORE ▾
Name *		
<input type="text"/>		
Email *		
<input type="text" value="@sfsu.edu"/>		
2	Supervisor	NEEDS TO SIGN MORE ▾
Name *		
<input type="text"/>		
Email *		
<input type="text" value="@sfsu.edu"/>		
3	Department Administrator/Dean	NEEDS TO SIGN MORE ▾
Name *		
<input type="text"/>		
Email *		
<input type="text" value="@sfsu.edu"/>		
4	Fee Waiver Coordinator	ALLOW TO EDIT MORE ▾
Signing Group Name *		
<input type="text" value="HR Benefits & Retirement Services"/>		

SEND ADVANCED EDIT DISCARD

7. Select “Sign Now”

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8. Select "Continue". Document will open. **Enter your SF State ID to open required fields. You will be required to view and accept all guidelines.**

START **VIEW**

CSU & SF State Benefits Enrollment Submission Guidelines.docx
This supplement must be read and accepted to complete signing.

DocuSign Envelope ID: C5AC4DE9-1C75-4DCB-BF20-8DE717313AC8

CaIPERS Health Account Management Division
P.O. BOX 942715
Sacramento, CA 94229-2715
888 CalPERS (or 888-225-7377) | TTY (877) 249-7442
FAX (800) 959-6545
www.calpers.ca.gov

Health Benefits Plan Enrollment for Active Employees (HBD-12)

SF STATE ID

SECTION A: Applicant Information

1. Employee Name: (First) (M.I.) (Last) 2. Hire Date: (mm/dd/yyyy)

3. CalPERS ID or Social Security Number: 4. Date of Birth: (mm/dd/yyyy) 5. Gender: Female Male Nonbinary Unknown

6. Residence Address: (Street) (City) (State) (ZIP) (County)

7. Mailing Address (if different): (Street) (City) (State) (ZIP) (County)

8. Use Work ZIP Code for Health Eligibility: Yes No If yes, enter zip code here: (ZIP) Yes No

9. E-mail Address: 10. Primary Phone: Alternate:

SECTION B: Type of Action

11. Enroll in a Health Plan Add/Delete Dependents Change Health Plan Cancel All Coverage Decline Coverage

SECTION C: Type of Permitting Event

12. New Employee New Contracting Agency Marriage or Domestic Partnership Date (mm/dd/yyyy): Open Enrollment Move Delete Dependent Due to Death Divorce or Domestic Partnership Termination Birth/Adoption Other:

13. Permitting Event Date: (mm/dd/yyyy) 14. Name of Health Plan: (If changing health plans, list new plan name)

SECTION D: Subscriber and Dependent Information (List yourself and all of your dependents to be enrolled on your health plan)

15. Name (First, M.I., Last)	Relationship Code *1	Gender	Date of Birth (mm/dd/yyyy)	CalPERS ID or Social Security Number	Action	Primary Care Physician
	SELF				<input type="checkbox"/> Add <input type="checkbox"/> Delete	
					<input type="checkbox"/> Add <input type="checkbox"/> Delete	
					<input type="checkbox"/> Add <input type="checkbox"/> Delete	
					<input type="checkbox"/> Add <input type="checkbox"/> Delete	
					<input type="checkbox"/> Add <input type="checkbox"/> Delete	
					<input type="checkbox"/> Add <input type="checkbox"/> Delete	

9. Complete & Sign (If you do not have an electronic signature on file, you will be prompted to create one.

10. Select "Finish". The document will route to the authorized individuals / departments.

11. Upon completion of all signatures, the employee will receive an email notification and will be able to download for their records.