

# BENEFITS RETIREMENT ENROLLMENT DOCUSIGN PROCESS

(Applies to all eligible retirement documents)

1. Go to [Human Resources](#) website:
  - a. Select the “Benefits & Pay” tab
  - b. Select the requested Benefits Retirement Form or Packet

Retirement Services		
Form Title/ Description	Document Type	Instructions
CSU, Retiree Dental Plan Enrollment Form	<a href="#">DocuSign</a>	<a href="#">Instructions</a>
CSU, VSP Ongoing Retiree Vision Enrollment	<a href="#">DocuSign</a>	<a href="#">Instructions</a>
Retiree Dental Enrollment Change Request	<a href="#">DocuSign</a>	<a href="#">Instructions</a>
Retiree Dental & Vision Packet	<a href="#">DocuSign</a>	<a href="#">Instructions</a>

- c. You may also find all forms by selecting the “Forms & Policies” link on the Human Resources main page under “HR Quick Links”. Scroll to the “**Benefits**” section.

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: [hrwww@sfau.edu](mailto:hrwww@sfau.edu)  
Telephone: (415) 330-1072

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 FAQ's](#)
- [Temporary Telecommute Agreement - COVID-19](#)
- [Temporary Paid Administrative Leave Request](#)

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

# BENEFITS RETIREMENT ENROLLMENT DOCUSIGN PROCESS

(Applies to all eligible retirement documents)

☆ CSU, Retiree Dental Plan Enrollment Form (CSU 692) ⓘ 👤

🔑

Eligible for matching

CSU employee Delta Dental Enrollment form for prospective retirees

**USE** EDIT MOVE SHARED (4) MORE ▾

## Recipients

📄 SIGNING ORDER

1 👤 **Employee:** ✍️ Needs to Sign

5. Complete your signature routing (**Employee Section Only**): You can select your name or begin typing to populate your name and email.

CSU, Retiree Dental Plan Enrollment Form (CSU 692)

## Recipients

1 **Employee** ✍️ NEEDS TO SIGN MORE ▾

**Name \***

**Email \***

6. Select "Send"

**recipients**

1 **Employee** ✍️ NEEDS TO SIGN MORE ▾

**Name \***

**Email \***

2 **Supervisor** ✍️ NEEDS TO SIGN MORE ▾

**Name \***

**Email \***

3 **Department Administrator/Dean** ✍️ NEEDS TO SIGN MORE ▾

**Name \***

**Email \***

4 **Fee Waiver Coordinator** ✍️ ALLOW TO EDIT MORE ▾

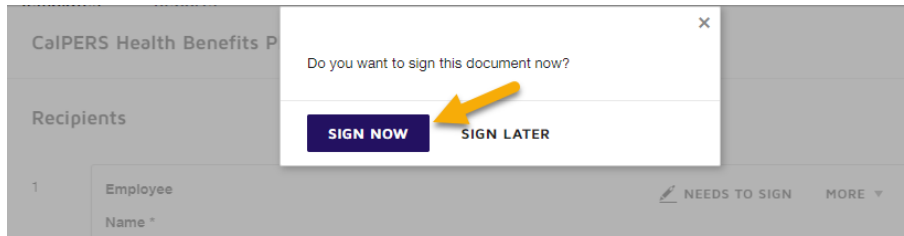
**Signing Group Name \***

**SEND** ADVANCED EDIT DISCARD

# BENEFITS RETIREMENT ENROLLMENT DOCUSIGN PROCESS

(Applies to all eligible retirement documents)

7. Select “Sign Now”



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.**

DocuSign Envelope ID: 1FC75D2E-D80C-4609-9619-D7EF6E313CBF

**DENTAL PLAN ENROLLMENT AUTHORIZATION**

CSU 899 (CSU Revised 03-2013)

PLEASE FORWARD COMPUTER-GENERATED FORM OR PRINT CLEARLY USING BALL POINT PEN. Send completed form to STATE CONTROLLER'S OFFICE PPSD, P.O. BOX 942850, SACRAMENTO, CA 94250-5878

SECTION A		SECTION B	
1. TYPE OF ACTION: NEW - ENROLLING IN A PLAN FOR THE FIRST TIME (Complete Sections A, B, and D) CANCEL - Complete Sections A, C, and D CHANGE - CHANGING PLANS OR DEPENDENT COVERAGE (Complete Sections A, B, C, and D)	1. NAME OF DENTAL PLAN		
2. NAME (First, Middle, Last)	2. PROVIDER/FACILITY NUMBER (if applicable)		
3. MARITAL STATUS MARRIED SINGLE REGISTERED DOMESTIC PARTNER RDP	3. WHEN CHANGING FAMILY MEMBER ENROLLMENT, LIST ALL FAMILY MEMBERS CURRENTLY ENROLLED, AS WELL AS FAMILY MEMBERS TO BE ADDED AND/OR DELETED. ENTER THE ACTION CODE (ADD) AND/OR D (DELETED) BEFORE THE NAMES OF ONLY THOSE MEMBERS TO BE ADDED OR DELETED.		
4. GENDER MALE FEMALE NONBINARY UNKNOWN	LIST ALL PERSONS TO BE ENROLLED IN:	DATE OF BIRTH	RELATIONSHIP
5. SOCIAL SECURITY NUMBER (EMPLOYEE SSN)	6. SPOUSE OR REGISTERED DOMESTIC PARTNER (RDP) SSN	SSN	SSN
Is RDP a Tax Dependent? Yes No		SSN	SSN
Tax Year			
EP Dependent Certification Form On File? Yes No			
SECTION C			
1. PRIOR DENTAL PLAN NAME			

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.

- Upon completion of all signatures, the employee will receive an email notification and will be able to download for their records. Once you have received the completed / signed form or packet via DocuSign email notification – you may download for your records. **\*\* The CSU, VSP Ongoing Retiree Vision Enrollment and the Retiree Dental Enrollment Change Request is required to be mailed to the plan address on the form. Please do not submit to the Campus Benefits Office.\*\***