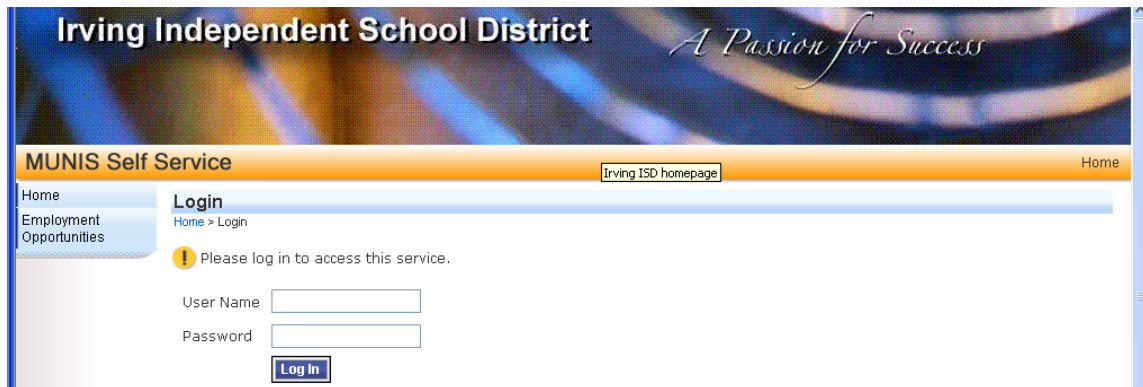


# 2009-10 Open Enrollment Instructions

Go to :

<https://mol.irvingisd.net/mss>



The screenshot shows the login interface for the MUNIS Self Service system. At the top, it displays "Irving Independent School District" and the slogan "A Passion for Success". Below this is a navigation bar with "MUNIS Self Service" and "Irving ISD homepage". A sidebar on the left contains links for "Home", "Employment", and "Opportunities". The main content area is titled "Login" and includes a message: "Please log in to access this service." Below the message are two input fields: "User Name" and "Password", followed by a "Log In" button.

Your username is:

- First initial of your First name (your legal first name)
- Last name (the name on your paycheck – including hyphens)
- Employee # (don't include leading 0's)

For Example-

John Robert Smith employee 0215  
Username = jsmith215

Your password is:

- Last four digits of your social

Once logged in, you will be immediately prompted to change your password

The new password must be at least 6 characters long



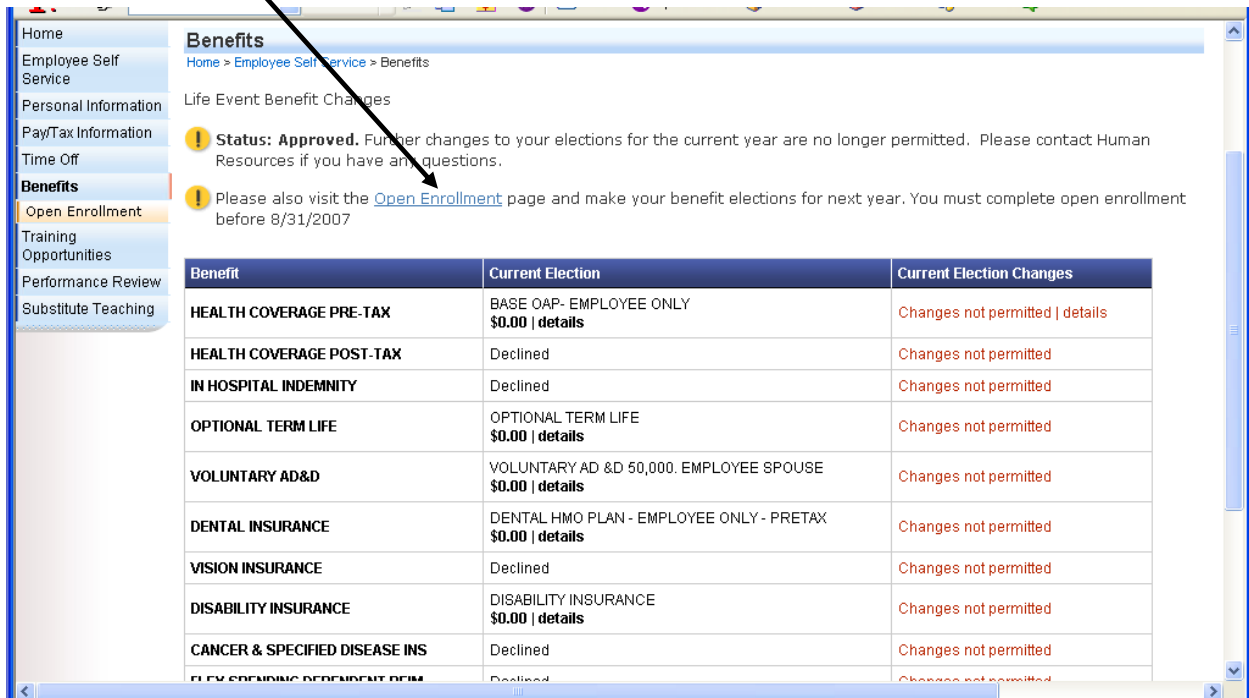
Once in the system, click on Employee Self Service

You will see messages on the next screen, please read them.

Next click on Benefits



You will see your elections for the current plan year. Next click on Open Enrollment.



Next you will see your current elections alongside the choices available for the new year. Click on **Make New Election** to either sign up or decline each benefit option.

Make a selection for each benefit, then click 'Continue'. **You must complete Open enrollment by 8/31/2007.**

| Benefit                        | Current Election   | New Election      |                                   |
|--------------------------------|--|-------------------|-----------------------------------|
| HEALTH COVERAGE                | BASE OAP- EMPLOYEE ONLY<br>\$0.00   <a href="#">details</a>                  | Election Not Made | <a href="#">Make New Election</a> |
| IN HOSPITAL INDEMNITY          | Declined   | Election Not Made | <a href="#">Make New Election</a> |
| OPTIONAL TERM LIFE             | OPTIONAL TERM LIFE<br>\$0.00   <a href="#">details</a>                       | Election Not Made | <a href="#">Make New Election</a> |
| VOLUNTARY AD&D                 | VOLUNTARY AD & D 50,000. EMPLOYEE SPOUSE<br>\$0.00   <a href="#">details</a> | Election Not Made | <a href="#">Make New Election</a> |
| DENTAL INSURANCE               | DENTAL HMO PLAN - EMPLOYEE ONLY - PRETAX<br>\$0.00   <a href="#">details</a> | Election Not Made | <a href="#">Make New Election</a> |
| MEDI-GAP INS                   | No Election Made   | Election Not Made | <a href="#">Make New Election</a> |
| VISION INSURANCE               | Declined   | Election Not Made | <a href="#">Make New Election</a> |
| DISABILITY INSURANCE           | DISABILITY INSURANCE<br>\$0.00   <a href="#">details</a>                     | Election Not Made | <a href="#">Make New Election</a> |
| CANCER & SPECIFIED DISEASE INS | Declined   | Election Not Made | <a href="#">Make New Election</a> |
| FLEX SPENDING DEPENDENT REIM   | Declined   | Election Not Made | <a href="#">Make New Election</a> |
| FLEXIBLE SPENDING MEDICAL REIM | FLEX SPENDING MEDICAL REIMBURSEMENT<br>\$100.00   <a href="#">details</a>    | Election Not Made | <a href="#">Make New Election</a> |

[Continue](#)

Once in each benefit section, you will see all of the options available to you. Scroll down to see the rest of the options if they do not all fit on the screen.

**HEALTH COVERAGE**

SEVERSON, JEANETTE B  
YOUR HEALTH PREMIUMS ARE BEING DEDUCTED BEFORE TAXES. IF YOU WANT YOUR PREMIUMS TAKEN OUT AFTER TAXES, PLEASE CONTACT THE BENEFITS OFFICE.

[Documents/Links](#) [CIGNA WEBSITE](#) | [Video and Information](#)

- OPEN ACCESS PLUS- EMPLOYEE CHILDREN  
Employee Cost \$593.57 / Employer Cost \$265.00  
BASIC LIFE INSURANCE \$12,000.00
- OPEN ACCESS PLUS- EMPLOYEE ONLY  
Employee Cost \$284.56 / Employer Cost \$265.00  
BASIC LIFE INSURANCE \$12,000.00
- OPEN ACCESS PLUS- EMPLOYEE SPOUSE  
Employee Cost \$751.60 / Employer Cost \$265.00  
BASIC LIFE INSURANCE \$12,000.00
- OPEN ACCESS PLUS- EMPLOYEE FAMILY  
Employee Cost \$1,067.68 / Employer Cost \$265.00  
BASIC LIFE INSURANCE \$12,000.00
- BUY UP OAP - EMPLOYEE ONLY  
Employee Cost \$240.26 / Employer Cost \$265.00  
BASIC LIFE INSURANCE \$12,000.00
- BUY UP OAP - EMPLOYEE CHILD(REN)  
Employee Cost \$511.55 / Employer Cost \$265.00  
BASIC LIFE INSURANCE \$12,000.00
- BUY UP OAP - EMPLOYEE SPOUSE

Click the radio button to select the option you want to enroll in.

In the drop down box, it will automatically give you a list of dependents to choose from if you elect anything other than employee only.

Once you see the person or persons you want to add to the coverage, just click on Add Coverage

If you don't see the name of the person you need to add you can select Add New

You will get a box that looks like this for your dependents, check or enter the information for them and hit OK.

Employee Cost \$655.10 / Employer Cost \$265.00  
BASIC LIFE INSURANCE \$12,000.00

BUY UP OAP - EMPLOYEE FAMILY  
Employee Cost \$942.15 / Employer Cost \$265.00  
BASIC LIFE INSURANCE \$12,000.00

BASE OAP- EMPLOYEE ONLY  
Employee Cost \$0.00 / Employer Cost \$265.00  
BASIC LIFE INSURANCE \$12,000.00

BASE OAP- EMPLOYEE CHILD(REN)  
Employee Cost \$134.57 / Employer Cost \$265.00  
BASIC LIFE INSURANCE \$12,000.00

BASE OAP- EMPLOYEE SPOUSE  
Employee Cost \$194.88 / Employer Cost \$265.00  
BASIC LIFE INSURANCE \$12,000.00

BASE OAP- EMPLOYEE FAMILY  
Employee Cost \$317.71 / Employer Cost \$265.00  
BASIC LIFE INSURANCE \$12,000.00

I Decline

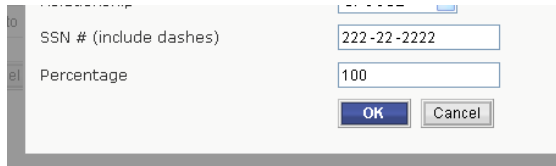
SEVERSON, CHAD  | [Add New](#)

There are no dependents to display.

Once you get all of your dependents added, click Continue.

| First Name | Last Name | Date of Birth | SSN         |   |
|------------|-----------|---------------|-------------|---|
| CHAD       | SEVERSON  | 8/1/1988      | 222-22-2222 | <a href="#">Change</a>   <a href="#">Delete</a> |
| Baby       | Severson  | 12/20/2007    | 333-33-3333 | <a href="#">Change</a>   <a href="#">Delete</a> |

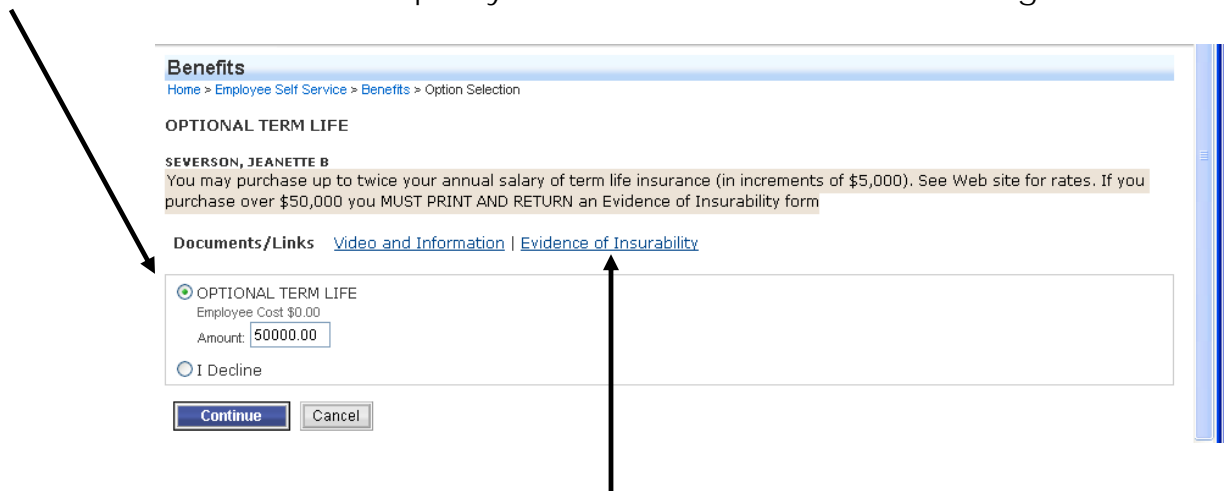
**Note:** After you sign up for Health Insurance, you will automatically be asked to list a beneficiary. You can choose one from the drop down menu or you can add a new one. You can elect more than one person. The percentage of benefit cannot be more than 100% split among all the beneficiaries you list.



A screenshot of a web form for beneficiary selection. It features two input fields: 'SSN # (include dashes)' with the value '222-22-2222' and 'Percentage' with the value '100'. Below the fields are two buttons: 'OK' and 'Cancel'.

Once you are done with a benefit, it will take you back to the election screens. Move on to the next benefit.

Some of the benefits will require you to enter an amount of coverage.



A screenshot of the 'Benefits' page. The page title is 'Benefits' with a breadcrumb trail: 'Home > Employee Self Service > Benefits > Option Selection'. The section is titled 'OPTIONAL TERM LIFE' for 'SEVERSON, JEANETTE B'. A text box states: 'You may purchase up to twice your annual salary of term life insurance (in increments of \$5,000). See Web site for rates. If you purchase over \$50,000 you MUST PRINT AND RETURN an Evidence of Insurability form'. Below this are links for 'Documents/Links', 'Video and Information', and 'Evidence of Insurability'. The main content area shows a radio button selected for 'OPTIONAL TERM LIFE' with 'Employee Cost \$0.00' and an 'Amount' input field containing '50000.00'. There is also an 'I Decline' radio button option. At the bottom are 'Continue' and 'Cancel' buttons. An arrow points from the text above to the 'Amount' field, and another arrow points from the text above to the 'Evidence of Insurability' link.

Some of the benefits will require you to complete an application (if it is a new benefit for you). You can download it by clicking on the links. You can continue without printing the application but **Don't forget to print it out later and turn it in.** We cannot process your elections until we have all required paperwork.

You can also decline any of the benefits by clicking **I Decline.** You will need to elect or decline all of the benefit options.



A close-up screenshot of the 'OPTIONAL TERM LIFE' benefit selection options. It shows the 'OPTIONAL TERM LIFE' radio button selected, with 'Employee Cost \$0.00' and an 'Amount' input field containing '50000.00'. Below it is the 'I Decline' radio button option. At the bottom are 'Continue' and 'Cancel' buttons. An arrow points from the text above to the 'I Decline' radio button.

On the Dental Benefit, if you elect one of the DHMO options, you will need to enter a Provider ID number. You can find one in the CompBenefit/Humana Dental books or by going online.

Documents/Links [Find Provider Facility Number](#) | [Video and Information](#)

- DENTAL PPO PLAN - EMPLOYEE ONLY - PRETAX  
Employee Cost \$22.26
- DENTAL PPO PLAN - EMPLOYEE/CHILD/REN - PRETAX  
Employee Cost \$53.06
- DENTAL PPO PLAN - EMPLOYEE/SPOUSE - PRETAX  
Employee Cost \$38.12
- DENTAL PPO PLAN - EMPLOYEE/FAMILY - PRETAX  
Employee Cost \$74.66
- DENTAL HMO PLAN - EMPLOYEE ONLY - PRETAX  
Employee Cost \$12.70  
PROVIDER ID# (FROM DIRECTORY):
- DENTAL HMO PLAN - EMPLOYEE/CHILD/REN - PRETAX  
Employee Cost \$32.54  
PROVIDER ID# (FROM DIRECTORY):

Go through and enroll or decline in every benefit. Then hit the **Continue** button.

| Benefit                        | Current Election  | New Election   |                                     |
|--------------------------------|---|--|-------------------------------------|
| HEALTH COVERAGE                | BASE OAP- EMPLOYEE ONLY<br>\$0.00   details                     | BASE OAP- EMPLOYEE FAMILY<br>\$317.71   details                  | <a href="#">Change New Election</a> |
| IN HOSPITAL INDEMNITY          | Declined  | Declined   | <a href="#">Change New Election</a> |
| OPTIONAL TERM LIFE             | OPTIONAL TERM LIFE<br>\$0.00   details                          | OPTIONAL TERM LIFE<br>\$2.80   details                           | <a href="#">Change New Election</a> |
| VOLUNTARY AD&D                 | VOLUNTARY AD &D 50,000.<br>EMPLOYEE SPOUSE<br>\$0.00   details  | VOLUNTARY AD &D 50,000.<br>EMPLOYEE SPOUSE<br>\$1.25   details   | <a href="#">Change New Election</a> |
| DENTAL INSURANCE               | DENTAL HMO PLAN - EMPLOYEE<br>ONLY - PRETAX<br>\$0.00   details | DENTAL PPO PLAN - EMPLOYEE<br>ONLY - PRETAX<br>\$22.26   details | <a href="#">Change New Election</a> |
| MEDI-GAP INS                   | No Election Made  | Declined   | <a href="#">Change New Election</a> |
| VISION INSURANCE               | Declined  | Declined   | <a href="#">Change New Election</a> |
| DISABILITY INSURANCE           | DISABILITY INSURANCE<br>\$0.00   details                        | DISABILITY INSURANCE<br>\$0.00   details                         | <a href="#">Change New Election</a> |
| CANCER & SPECIFIED DISEASE INS | Declined  | Declined   | <a href="#">Change New Election</a> |
| FLEX SPENDING DEPENDENT REIM   | Declined  | Declined   | <a href="#">Change New Election</a> |
| FLEXIBLE SPENDING MEDICAL REIM | FLEX SPENDING MEDICAL<br>REIMBURSEMENT<br>\$100.00   details    | Declined   | <a href="#">Change New Election</a> |

[Continue](#)

All costs are per pay period. Your estimated total cost per pay period is **\$344.02**.

You will then see a summary of your elections. If everything looks correct, hit **Submit Choices**.

|   |      |                          |
|---|------|--------------------------|
| VISION INSURANCE<br>ELECTION - Declined                 | Cost | 0.00                     |
| DISABILITY INSURANCE<br>ELECTION - DISABILITY INSURANCE | Cost | 0.00                     |
| CANCER & SPECIFIED DISEASE INS<br>ELECTION - Declined   | Cost | 0.00                     |
| FLEX SPENDING DEPENDENT REIM<br>ELECTION - Declined     | Cost | 0.00                     |
| FLEXIBLE SPENDING MEDICAL REIM<br>ELECTION - Declined   | Cost | 0.00                     |
|   |      | <b>TOTAL COST 344.02</b> |


[Submit Choices](#) | [Modify](#) | [Cancel](#)


You are done! If you didn't download your needed application earlier, you will see it listed on this page.

## Confirmation

[Home](#) > [Employee Self Service](#) > [Benefits](#) > [Confirm](#)

### Confirmation

 **Thank You.** Benefits Enrollment has been completed successfully. You can make changes anytime until your choices have been approved.

 Please remember to complete and send the forms listed below to your HR/Benefits office. Enrollment cannot be finalized until these forms have been received.

- [Disability Application](#)

You may want to print this page for your records. You will also receive an e-mail confirmation when your choices have been approved.

CAUTION!!!! PLEASE REVIEW ALL ELECTIONS CAREFULLY!! ONCE SUBMITTED AND APPROVED, ALL CHANGES MUST BE REQUESTED BY E-MAIL

### HEALTH COVERAGE

ELECTION - BASE OAP- EMPLOYEE FAMILY

**Note:** If you see any error messages while going through the enrollment process, just hit Ok in the box or hit the back button. You may have to re-enroll whatever information you had just selected. Hopefully you won't see an error message but it can happen.