Employee Self Service (ESS) http://enroll.jacobstechnology.com

Enter log in credentials

PEOPLESOFT	
UseriD	
Password	
Select a Language	
Sign In Enable Accessibility Mode	
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 $Main \ Menu \rightarrow Self \ Service \rightarrow Benefits \rightarrow Benefit \ Enrollment$



The information icon will provide additional details about the enrollment

Benefits Enrollment

New Hire

As a new hire you must enroll in benefits within **30** days from your date of hire/rehire. If you do not enroll, you will only receive the company-provided benefits (e.g. basic life, employee assistance program, business travel accident).

Note: Beneficiary election is necessary for basic life and business travel accident.

The only time you can change your benefit choices is during Open Enrollment or if you have a qualified family status change.

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Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Enrollment Summary			
Medical	Before Tax	After Tax	Edit
Current: No Coverage			
New: Walve	0.00	_	
Dental	Before Tax	After Tax	Edit
Current: No Coverage			
New: Walve			
Vision	Before Tax	After Tax	Edit
Current: No Coverage			
New: Walve			
Flex Spending Health - U.S.	Before Tax	After Tax	Edit
Current: No Coverage			
New: No Coverage			
Health Savings Account	Before Tax	After Tax	Edit
Current: No Coverage			
New: No Coverage			
Limited Purpose F\$A	Before Tax	After Tax	Edit
Current: No Coverage			
New: No Coverage			
Flex Spending Dependent Care	Before Tax	After Tax	Edit
Current: No Coverage			
New: No Coverage			
Integrated Disability Plan	Before Tax	After Tax	Edit
Current: No Coverage			
New: No Coverage			
Company-Provided Life	Before Tax	After Tax	Edit
Current: No Coverage			
New: 1.5X Life: Salary X 1.5			
Supplemental Life	Before Tax	After Tax	Edit
Current: No Coverage			
New: No Coverage			
Spousal Life	Before Tax	After Tax	Edit
Current: No Coverage			
New: No Coverage		_	
Dependent Life	Before Tax	After Tax	Edit
Current: No Coverage			
New: No Coverage			
AD and D	Before Tax	After Tax	Edit
Current: No Coverage			
New: Walve		_	
Travel Accident	Before Tax	After Tax	Edit
Current: No Coverage			
New: Trv Acdit: 5 X Salary			

This table summarizes estimated costs for your new benefit choices.

Election Summary			
8ummarized estimates for new Benefit Elections	Total	Before Tax	After Tax
Costs	0.00	0.00	0.00
Your Costs	-50.00	-50.00	0.00

Save and Continue

Select the Save and Continue button to send your final choices to the Benefits Department.



Selecting the Button on the right side of the benefits page to populate enrollment options available for each plan. Options are based on the primary mailing zip code

Enrollment Summary			
Medical	Before Tax	After Tax	Edit
Current: No Coverage New: Walve	0.00		
When enrolling in Medical – the below box will populate	2		
Benefits Certificate			

Medical Eligibility-Spous If your spouse/domestic partner is eligible for medical coverage through his/her employer, and you choose to enroll him/her in the Jacobs medical plan, a surcharge of \$1,040 annually, prorated, will be added to the cost of your medical coverage. Iam enrolling my spouse or domestic partner in a Jacobs medical plan. Answer Yes No Not Applicable Not Applicable Not Applicable Not Applicable

- Surcharge only applies to enrollment in medical coverage. It does not
- Surcharge does not apply when the spouse/domestic partner is enrolled in Medicare
- Surcharge does not apply if the spouse/domestic partner does not work

Dependents can be added at the bottom of the election options

Enroll Your Depe	endents	
Use the Add/Review	Dependents butt	ton to add dependents to your list.
Your dependents mu for coverage under t elections. Upon requ dependents' eligibilit relevant <u>Dependent</u> insurance contracts,	ust meet the follow the Jacobs Health uest, you will be re ty. For more inforr <u>Eligibility Docume</u> or Policy HR 282	wing dependent eligibility requirements when first enrolling 1 Plans. You are certifying their status when you submit your equired to submit supporting documents to prove the mation regarding dependent eligibility criteria, see the <u>entation Requirements</u> , summary plan descriptions, 29.
Dependent Bene	ficiary	
Enroll	Name	Relationship
Add/Review Dep	endents	

Add/Review Dependent/Beneficiary

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

ORACLE

Add a dependent or beneficiary Return to Event Selection

Note: Gender, Date of Birth and Social Security Number are required for enrollment

ORACLE[.]

Dependent/Beneficiary Personal Information

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

Personal Information		
*First Name		
Middle Name		
Middle Name		
*Last Name		
Date of Birth	31	
*Gender	~	
Social Security Number		
*Relationship to Employee	~	
Status Information		
*Student	No	
*Disabled	No 🗸	
Smoker	Non Smoker	
Address and Telephone		
Same Address as Employee		
Country		
Address		

Same Phone as Employee

Phone

Save

Return to Dependent/Beneficiary Summary

Medical Comparison Chart To enroll In medical coverage, you must take action. Importanti Your current coverage is: No Coverage. Coverage for this plan will be waived if you do not make an election. Your enrollment on this page may affect your choices for the following type(s) of coverage: Limited Purpose FSA Before making your medical election, acroll to the bottom and enter your eligible dependents to cover. Select an Option Here Are Your Available Options With Your Costs: O Select one of the following plans:	
To enroll In medical coverage, you must take action. Importantl Your current coverage Is: No Coverage. Coverage for this plan will be waived if you do not make an election. Your enrollment on this page may affect your choices for the following type(s) of coverage: Health Savings Account Limited Purpose FSA Before making your medical election, scroll to the bottom and enter your eligible dependents to cover. Select an Option Here Are Your Available Options With Your Costs: O Select one of the following plans:	
Important! Your current coverage is: No Coverage. Coverage for this plan will be walved If you do not make an election. Your enrollment on this page may affect your choices for the following type(s) of coverage: Health Savings Account Limited Purpose FSA Before making your medical election, scroll to the bottom and enter your eligible dependents to cover. Select an Option Here Are Your Available Options With Your Costs: O Select one of the following plans:	
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Select an Option Here Are Your Available Options With Your Costs: O Select one of the following plans:	
Here Are Your Available Options With Your Costs: O Select one of the following plans:	
O Select one of the following plans:	
Select one of the following plans:	
HDHP-A \$2000(\$4000	
Coverage Level Your Costs Tax Class	
Employee Only \$58.50 Before-Tax	
Employee + Spouse \$128.92 Before-Tax	
Employee + Child(ren) \$89.92 Before-Tax	
Family \$153.84 Before-Tax	_
Employee + Domestic Partner \$120.92 Before and After 1 Employee + Child + Domestic Partner S153.84 Before and After 1	ax
Emp + Dom Partner + Dom Child \$153.84 Before and After 1	ax
HDHP-8-\$1350(\$2700)	
Coverage Level Your Costs Tax Class	
Employee Only \$76.92 Before-Tax	
Employee + Spouse \$169.00 Before-Tax	
Employee + Child(ren) \$124.59 Before-Tax	
Family \$206.92 Before-Tax	
Employee + Domestic Partner \$169.01 Before and After 1	ax
Emp + Child + Domestic Panner \$206.92 Before and After 1	ax
Delive and Ariel Second Cond Seco	đA
Coverage Level Your Costs Tax Class	
Employee Only \$33.73 Delote Tax EF ± One \$58.25 Bafore.Tax	
EE + Dependent/s) 589.25 Before-Tax	
Waive	
Update and Continue Discard Changes	
Select the Update and Continue button to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.	

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

Annual goal amount should be enterd for the following

- Flexible Speding Account (FSA)
- Limited Purpose FSA
- Dependent Care (FSA)
- Health Saving Account (HSA)

'Submit' will finalize benefit elections



Once the enrollment has been submitted, elections can be viewed at any time via ESS

Main Menu \rightarrow Self Service \rightarrow Benefits \rightarrow Benefit Summary

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Benefits Si	ummary			
To view your ben 03/23/2018	efits as of another date, enter the	e date and select Go.		
You have no ben	efit enrollments as of the date e Enroll in Benefits	entered.		

If benefits do not display, select calendar to enter effective date of benefit followed by 'Go'



Favorites 👻 Main Menu 👻	> Self Service 🔻 > Benefits 🔻	> Benefits Summary
ORACLE		
Benefits Summary		
To view your benefits as of ano	her date, enter the date and select Go.	
04/01/2018 🕅 Go		
Benefits Summary		
Type of Benefit	Plan Description	Coverage or Participation
Medical	HDHP-B-\$1350/\$2700	Employee + Spouse
Dental		Waived
Vision		Waived
Company-Provided Life	1.5X Basic Life	Salary X 1.5
Supplemental Life	Supplemental Life	
AD and D	Empl & Family - 50K or Greater	
Spousal Life	Spouse Life	
Employee Assistance Program	EAPEE Assistance Program	
Travel Accident	Travel Accident	\$ X Salary
Short-Term Disability	Jacobs IDP	60% of Salary
401(k)	SvT 100% 1 - 2% & 50% 3 - 8%	6% Before Tax
Personal	PTO-0/120,5/160,10/180 &15/200	
Health Savings Account	HSA - UHC Choice Plus HDHP-B	Pledge

ESS is also the location to update Direct Deposit information

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