



# My First Days

**A Reference/Training Manual**

# My First Days

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# I. Introduction to Employee Self-Service (ESS) and My First Days

## *General Information*

**Employee Self-Service (ESS)** is a web-based service within the **Self-Service Portal** that provides employees with the ability to view and update information related to their employment with the Pennsylvania State System of Higher Education (PASSHE).

**ESS** contains five main areas including **My First Days**. *My First Days* allows employees to add and update personal information such as Dependent(s), W-4 Tax Withholding Information, Education, Ethnicity, Direct Deposit and Emergency contact. It also allows employees to enroll into benefit plans such as Medical, Retirement, Flexible Spending Account(s) and Basic Group Life.

Contact your Human Resources Office immediately if you have any questions regarding the information appearing on **ESS**.

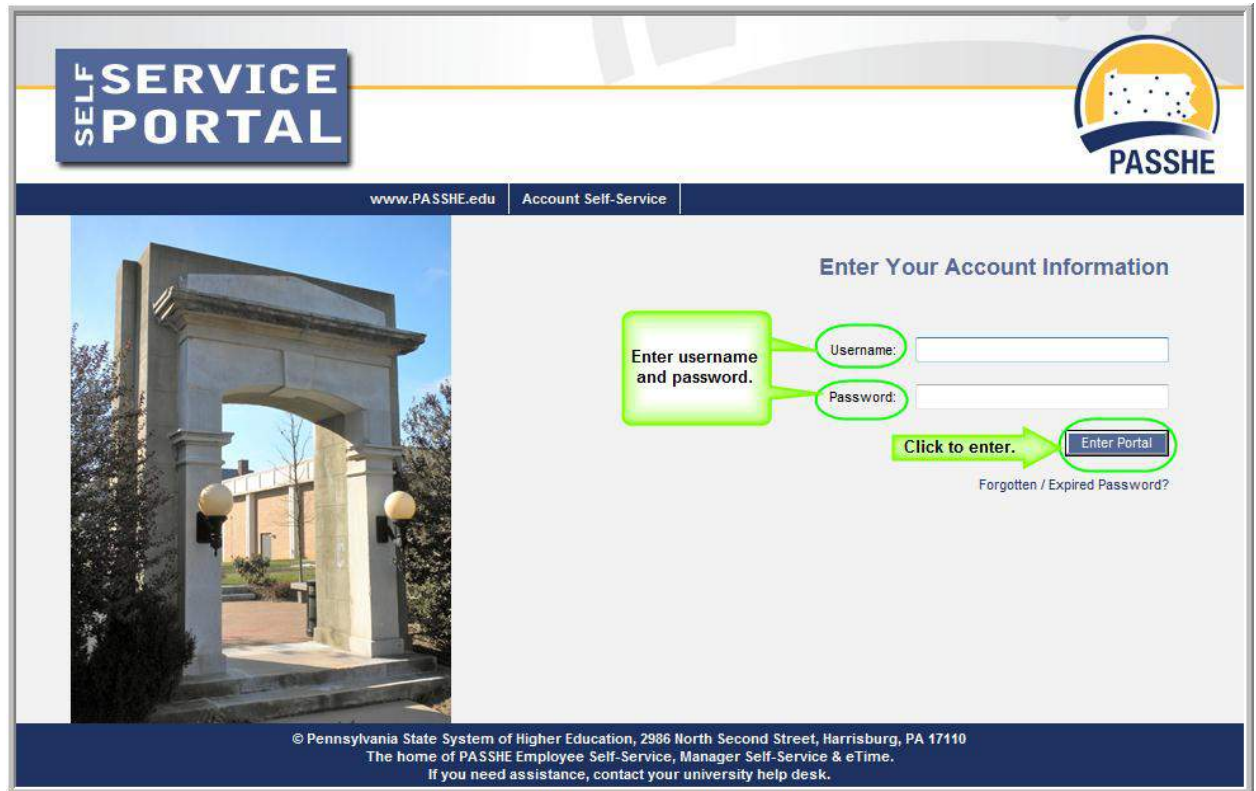
## II. Logging into the Self-Service Portal

1. To access the **Self-Service Portal**, type the following URL into the address field on the web browser and use the **Enter** key.

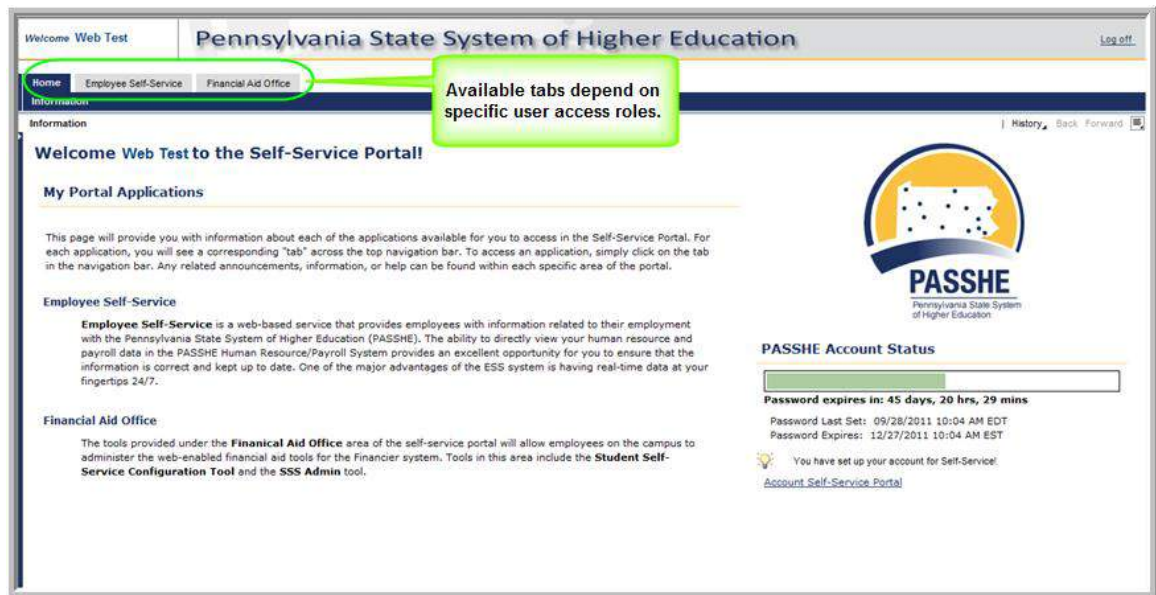
<http://portal.passhe.edu/>

(NOTE: Adding the *Self-Service Portal* link to the browser's favorites folder makes access easier in the future.)

2. The *Self-Service Portal* will ask for a **Username** and **Password**. After entering the *Username* and *Password*, click **Enter Portal**. (NOTE: Employees are assigned a Username and Password the day their employment begins.)

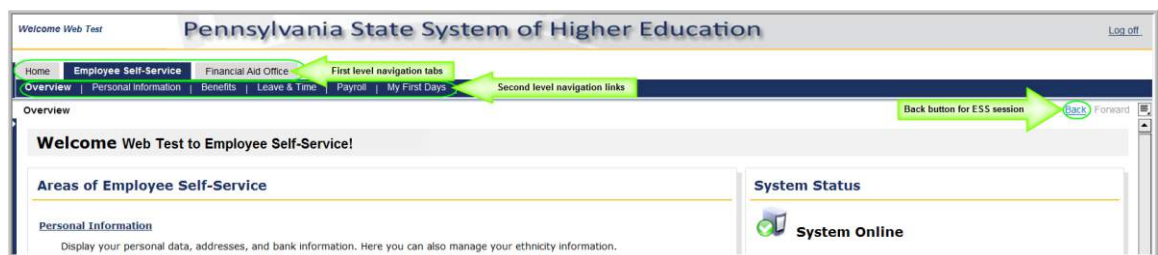


3. After clicking the **Enter Portal** button, the following screen will appear. The actual tabs appearing at the top of the page will depend on specific user-access roles.



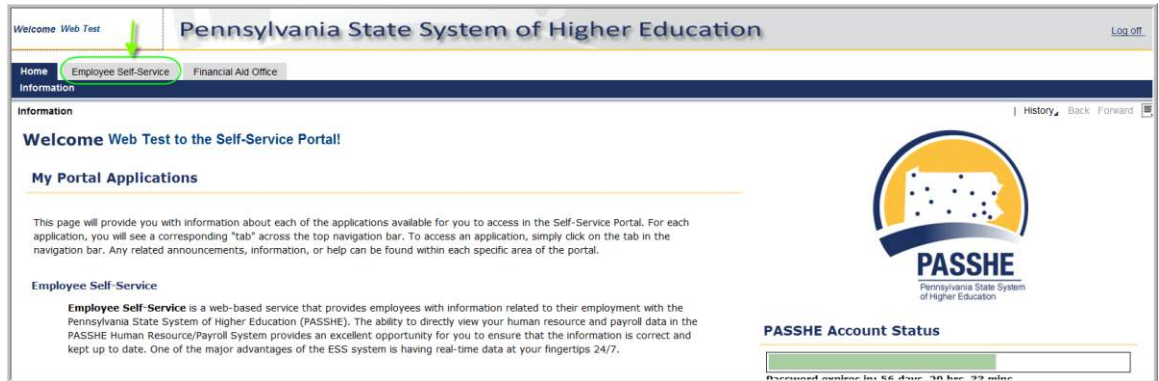
### III. Overview of Self-Service Portal Navigation

1. The **first level navigation tabs** will only display the applications to which the Username in effect has access and may vary. When a first level navigation tab is clicked, the **second level navigation links** will refresh to show what options are available for use under the selected first level navigation tab.
2. Use the first level navigation tabs and second level navigation links to navigate through the Self-Service Portal and to return to previous screens. **Do NOT use the “Back” button on your browser.** To go back to a previous Self-Service screen, select the “Back” link in the upper right-hand corner of the Self-Service Portal screen as shown.

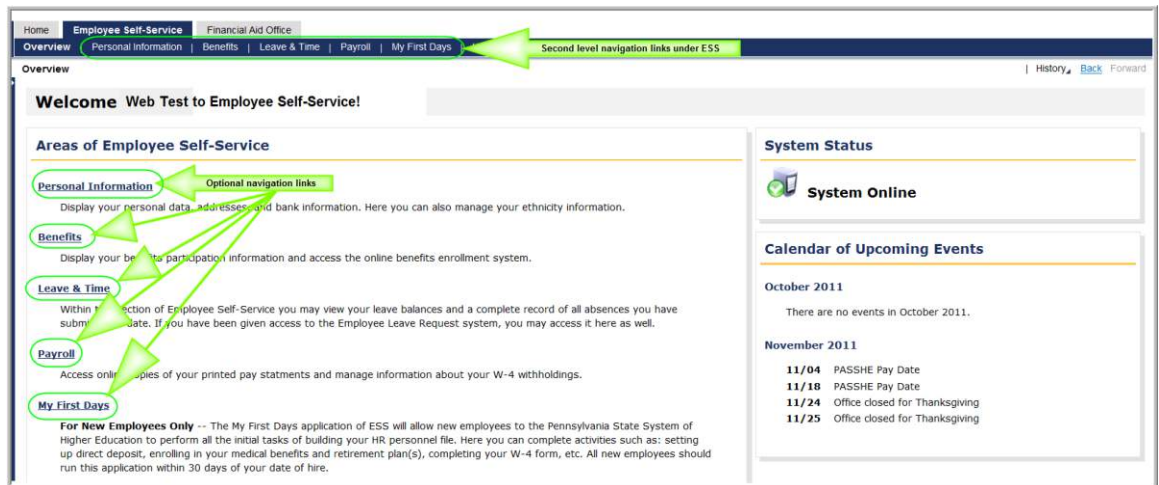


## A. Navigating Employee Self-Service (ESS) and My First Days

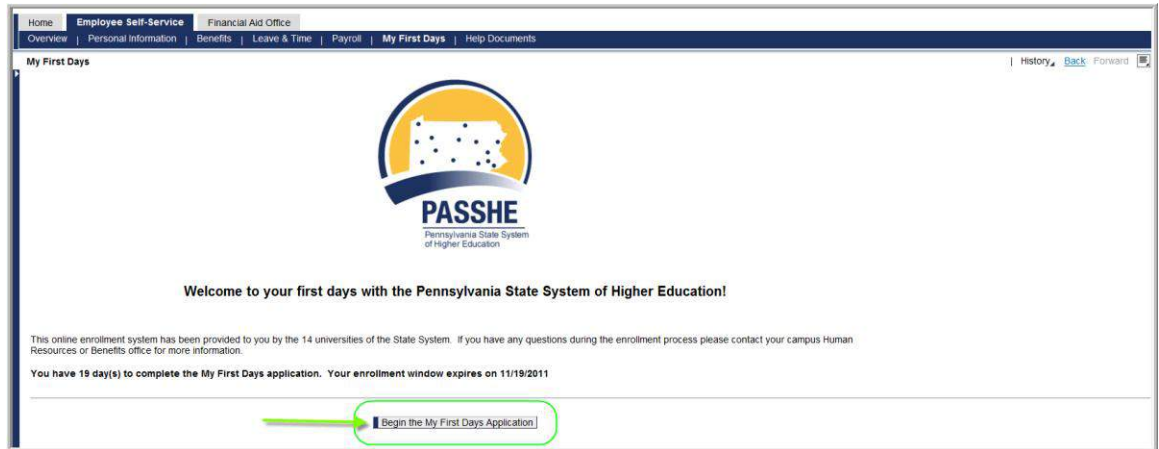
1. Click on the **Employee Self-Service (ESS)** tab on the first level navigation tab listing.



2. The window will display a listing of the five **ESS** actions available. Navigation to the desired **ESS** action can be accomplished by using either the second level navigation links under **ESS** or by the optional navigation links depicted in the screenshot below. Select the **My First Days** link from either of the provided navigational options.



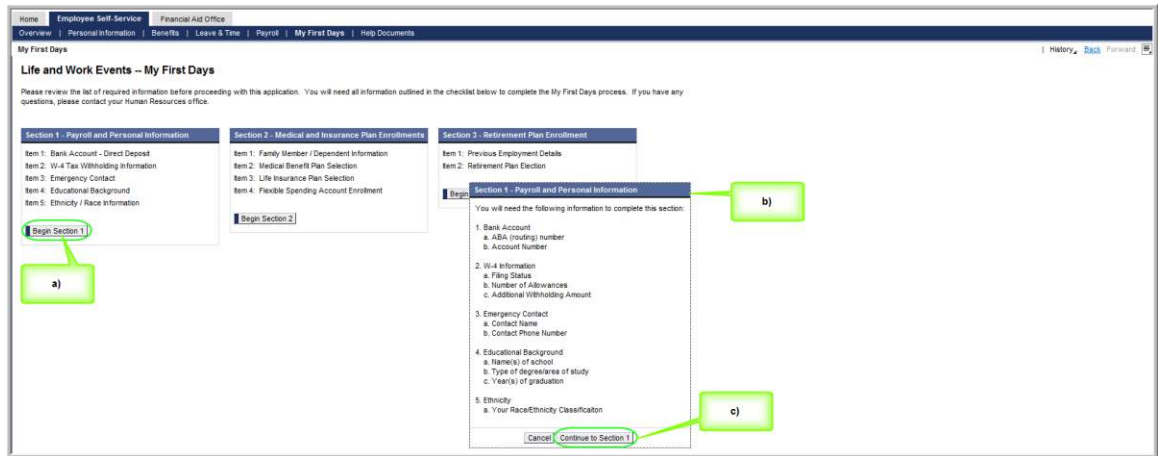
3. On the first page of *My First Days*, click on ***Begin the My First Days Application.***





## IV. Navigating ESS and My First Days: Section 1 – Payroll and Personal Information

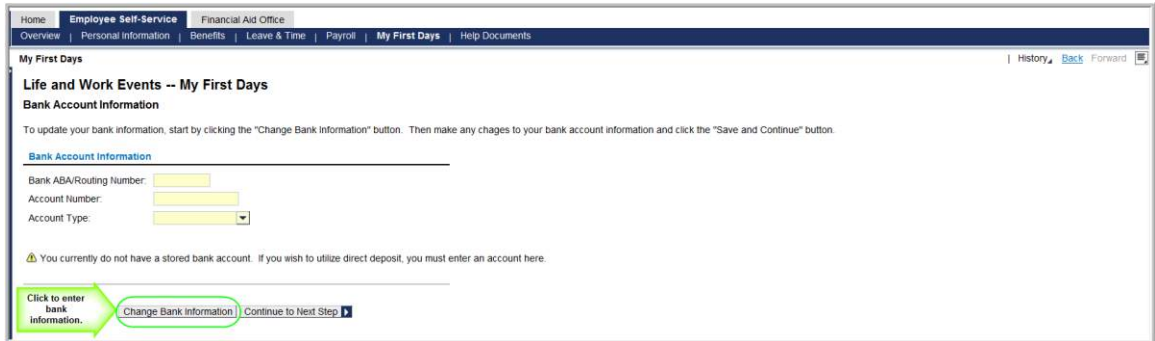
1. For instructions on how to log into the *Self-Service Portal*, refer to the **Logging into the Self-Service Portal** section of this document by [clicking here](#). Further instructions for locating the *My First Days* section under *ESS* can be found by [clicking here](#).
  - a) To begin the **Payroll and Personal Information** process within *My First Days*, select **Begin Section 1**.
  - b) Instructions for completing the section will be displayed.
  - c) Click **Continue to Section 1** to begin.



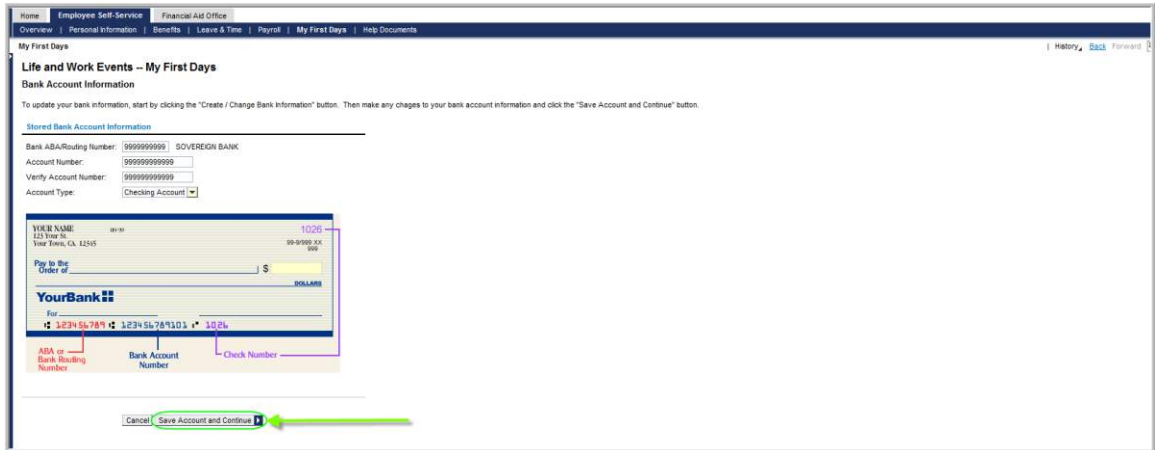
2. **Bank Account Information** will be the first page displayed under *Payroll and Personal Information*. If direct deposit is desired, the following must be provided:

- a) **Bank ABA Routing Number**
- b) **Account Number**
- c) **Account Type** (*Checking or Savings*)

2a) To proceed with setting up direct deposit, click on **Change Bank Information**.



2b) Once bank account details have been completely entered, select **Save Account and Continue** to move on to the [W-4 Withholding Information page](#).

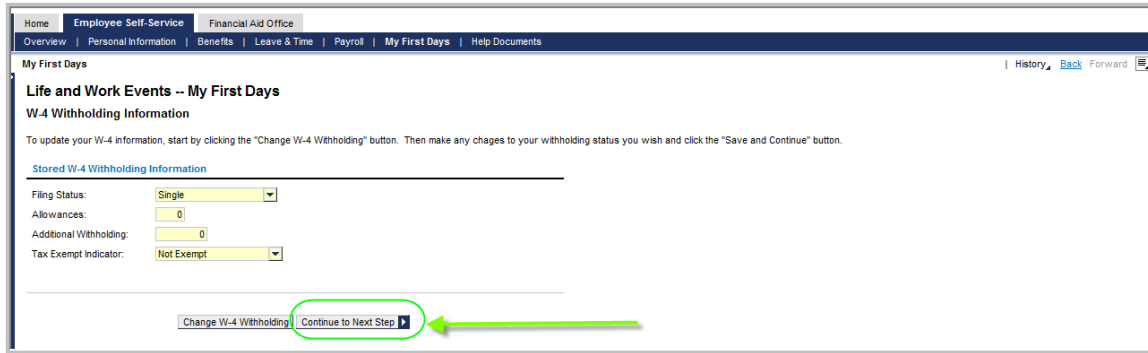


2c) **NOTE:** If entering/modifying bank account information is not desired, simply click ***Continue to Next Step*** to bypass as shown below. However, it is **STRONGLY recommended** that all employees utilize direct deposit. The benefits of utilizing direct deposit are speed, accuracy, and privacy. Paper checks should **ONLY** be requested as a last resort.

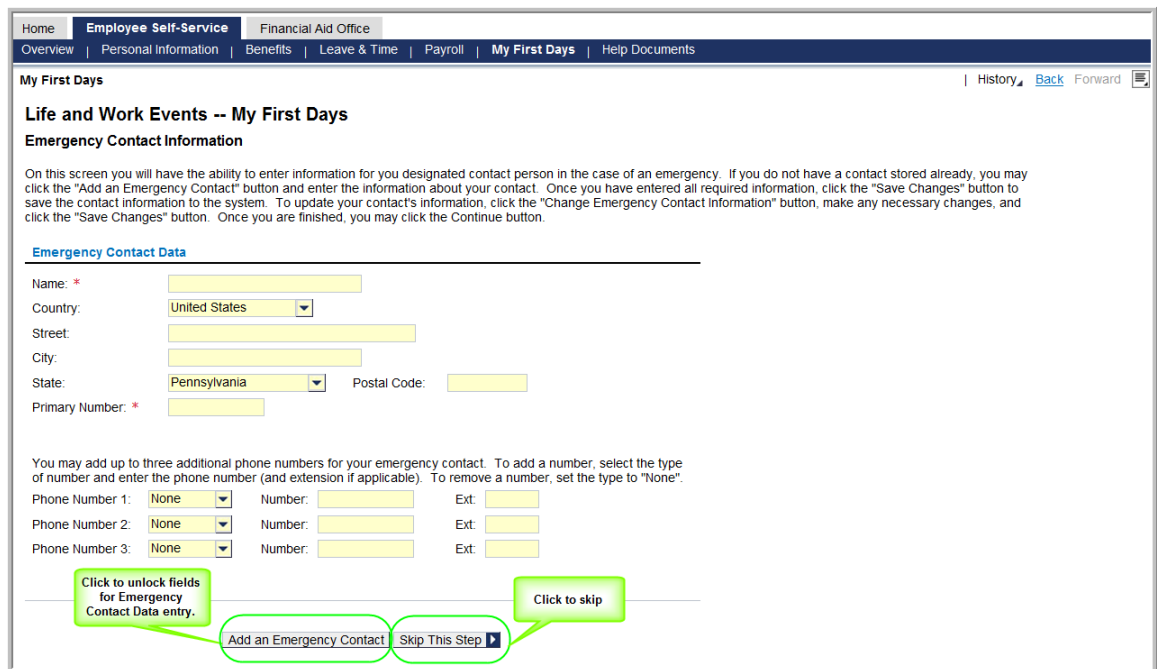
3. The *W-4 Withholding Information* page is next in the entry process. To proceed with setting up *W-4 Withholding Information*, click on ***Change W-4 Withholding***.

3a) After *W-4* data entry is complete, click ***Save and Continue to Next Step*** to continue with the ***Emergency Contact Information*** screen.

**3b) NOTE:** If entering/modifying W-4 Withholding Information is not desired at this time, simply click **Continue to Next Step** to bypass.



4. The **Emergency Contact Information** page is next in the entry process. To proceed with setting up an emergency contact, click **Add an Emergency Contact**. (NOTE: To skip this step, use the **Skip This Step** button to move on to the **Educational Background** screen.)



4a) If adding an emergency contact, completing all fields designated with a red asterisk (\*) is required. Once data entry is complete, select **Save Changes**.

Home | Employee Self-Service | Financial Aid Office

Overview | Personal Information | Benefits | Leave & Time | Payroll | My First Days | Help Documents

My First Days | History | Back | Forward

### Life and Work Events -- My First Days

#### Emergency Contact Information

On this screen you will have the ability to enter information for you designated contact person in the case of an emergency. If you do not have a contact stored already, you may click the "Add an Emergency Contact" button and enter the information about your contact. Once you have entered all required information, click the "Save Changes" button to save the contact information to the system. To update your contact's information, click the "Change Emergency Contact Information" button, make any necessary changes, and click the "Save Changes" button. Once you are finished, you may click the Continue button.

**Emergency Contact Data**

Name: \*

Country:

Street:

City:

State:  Postal Code:

Primary Number: \*

You may add up to three additional phone numbers for your emergency contact. To add a number, select the type of number and enter the phone number (and extension if applicable). To remove a number, set the type to "None".

Phone Number 1:  Number:  Ext:

Phone Number 2:  Number:  Ext:

Phone Number 3:  Number:  Ext:

**Click to save emergency contact**

4b) A confirmation message will appear stating that the contact information has been saved successfully. Click **Continue to the Next Step**.

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My First Days | History | Back | Forward

### Life and Work Events -- My First Days

#### Emergency Contact Information

On this screen you will have the ability to enter information for you designated contact person in the case of an emergency. If you do not have a contact stored already, you may click the "Add an Emergency Contact" button and enter the information about your contact. Once you have entered all required information, click the "Save Changes" button to save the contact information to the system. To update your contact's information, click the "Change Emergency Contact Information" button, make any necessary changes, and click the "Save Changes" button. Once you are finished, you may click the Continue button.

**Emergency Contact Data**

Name: \*

Country:

Street:

City:

State:  Postal Code:

Primary Number: \*

You may add up to three additional phone numbers for your emergency contact. To add a number, select the type of number and enter the phone number (and extension if applicable). To remove a number, set the type to "None".

Phone Number 1:  Number:  Ext:

Phone Number 2:  Number:  Ext:

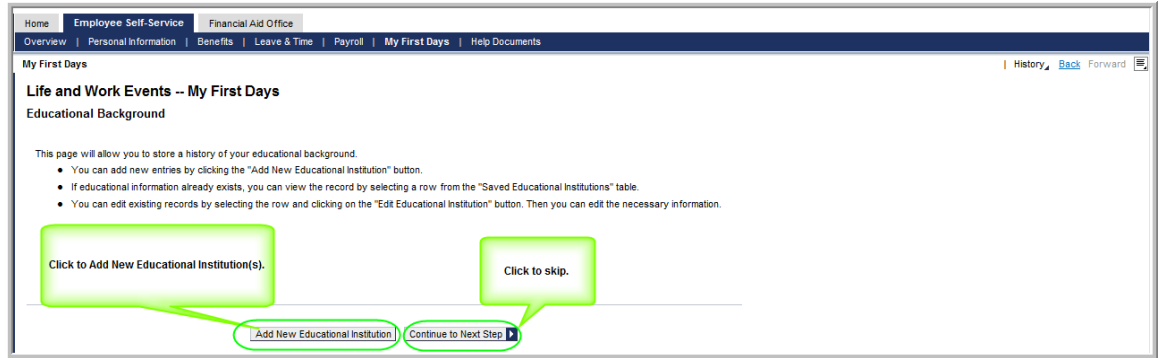
Phone Number 3:  Number:  Ext:

**Confirmation message**

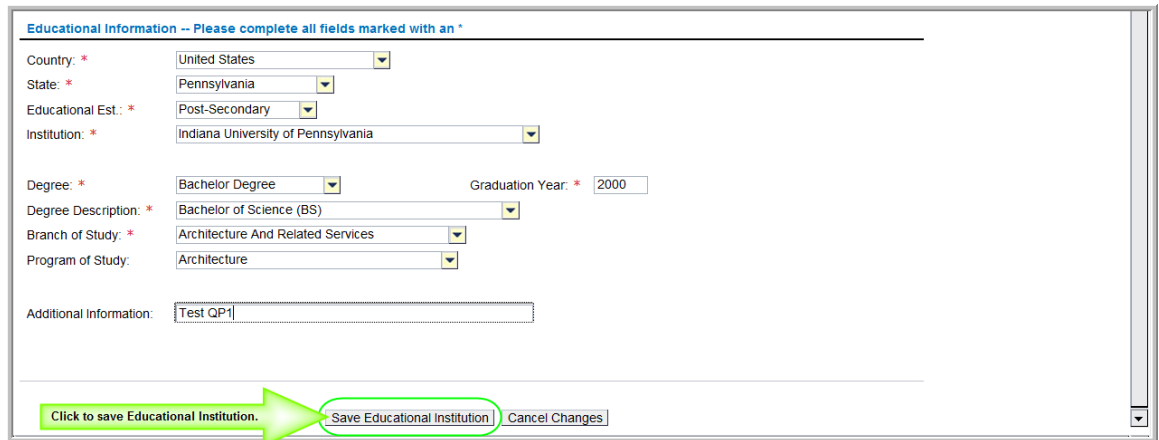
**Click to continue**

**Your emergency contact information has been saved successfully.**

5. The **Educational Background** page is next in the entry process. To proceed with setting up **Educational Background**, click on **Add New Educational Institution**. (NOTE: If no changes/additions are desired, click **Continue to Next Step** to move on to the **Ethnicity/Race Information** screen.)



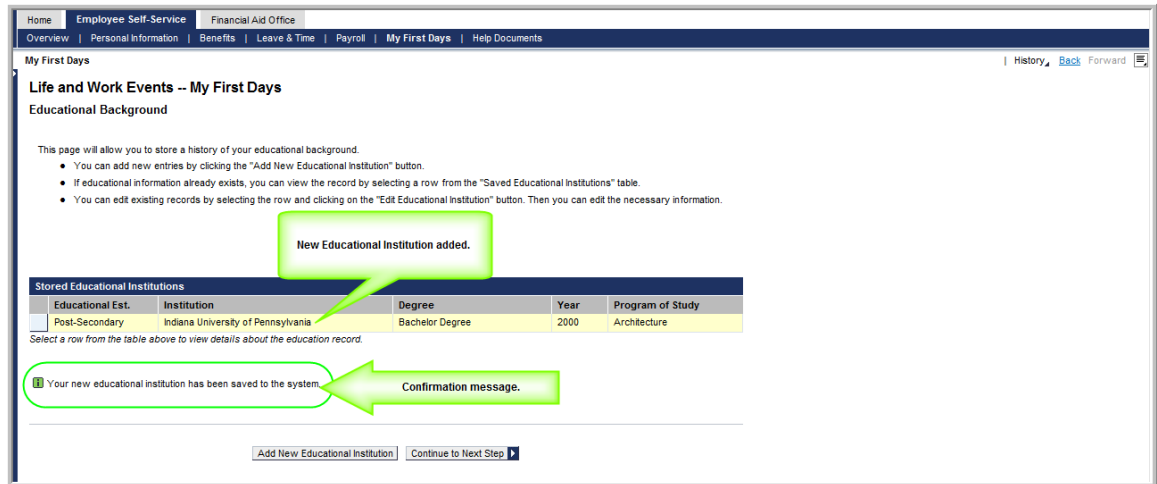
- 5a) The following **Educational Information** screen will appear. Complete all of the required information as indicated by the red asterisks (\*) and then click on **Save Educational Institution**. To cancel data entry, click **Cancel Changes**.



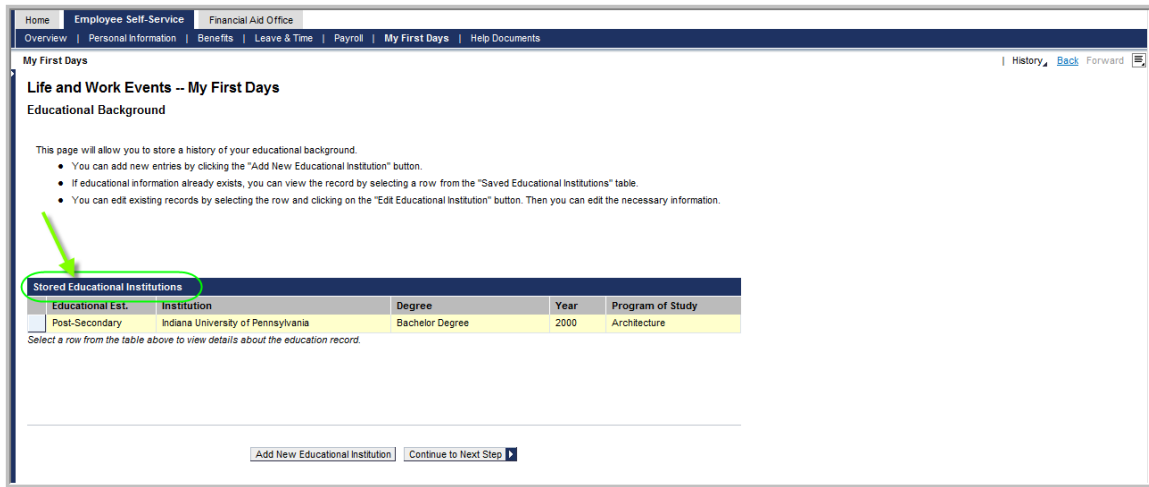
5b) If saved successfully, the following message will appear within the **Educational Background** page:

*“Your new educational institution has been saved to the system.”*

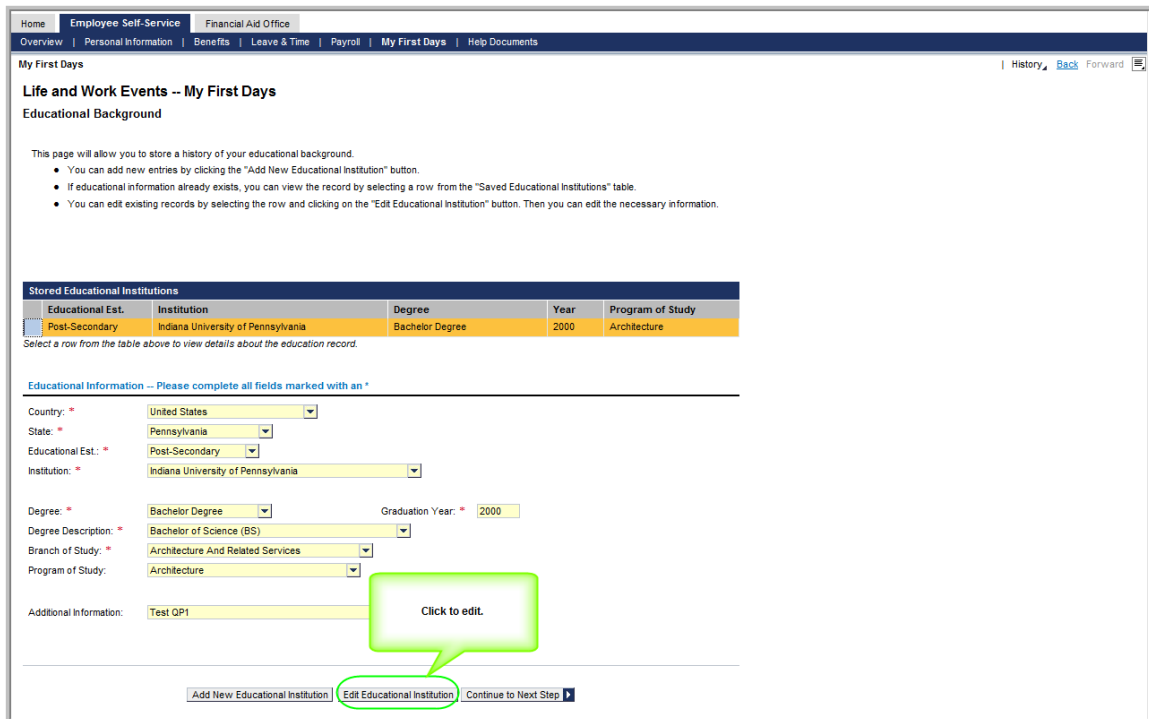
Repeat this process if adding more educational background is desired. If finished, click **Continue to Next Step** to advance to the **Ethnicity/Race Information** page.



**5c) NOTE:** If there is a pre-existing *Educational Background* entry on record, a screen similar to the one below may appear: There will be a **Stored Educational Institutions** section with a list of previously entered educational background information.



**5d) NOTE (cont.):** To see details of **Stored Educational Institutions**, click on the desired row. The screen will expand as shown below. To make changes, click on **Edit Educational Institution** and make the desired change(s).





5e) NOTE (cont.): Once edits are complete, click **Save Educational Institution**.

**My First Days** | History | Back | Forward

### Life and Work Events -- My First Days

#### Educational Background

This page will allow you to store a history of your educational background.

- You can add new entries by clicking the "Add New Educational Institution" button.
- If educational information already exists, you can view the record by selecting a row from the "Saved Educational Institutions" table.
- You can edit existing records by selecting the row and clicking on the "Edit Educational Institution" button. Then you can edit the necessary information.

Educational Est.	Institution	Degree	Year	Program of Study
Post-Secondary	Indiana University of Pennsylvania	Bachelor Degree	2000	Architecture

Select a row from the table above to view details about the education record.

**Educational Information -- Please complete all fields marked with an \***

Country: \* United States  
State: \* Pennsylvania  
Educational Est.: \* Post-Secondary  
Institution: \* Indiana University of Pennsylvania  
Degree: \* Bachelor Degree  
Graduation Year: \* 2000  
Degree Description: \* Bachelor of Science (BS)  
Branch of Study: \* Architecture And Related Services  
Program of Study: \* Architecture  
Additional Information: Test QP1

Click here. **Save Educational Institution** Cancel Changes

5f) NOTE (cont.): If the degree has already been verified on your personnel education record, the **Edit Educational Institution** button becomes deactivated. A message will appear indicating any desired changes must be made by the HR department.

Home | **Employee Self-Service** | Financial Aid Office

Overview | Personal Information | Benefits | Leave & Time | Payroll | **My First Days** | Help Documents

**My First Days** | History | Back | Forward

Ed. Est.	Institution	Degree	Year	Program of Study
Click for details	Indiana University of Pennsylvania	Bachelor Degree	2000	Spanish Language Teacher Education

Select a row from the table above to view details about the education record.

**Educational Information -- Please complete all fields marked with an \***

Country: \* United States  
State: \* Pennsylvania  
Educational Est.: \* Post-Secondary  
Institution: \* Indiana University of Pennsylvania  
Degree: \* Bachelor Degree  
Graduation Year: \* 2000  
Degree Description: \* Bachelor of Science (BS)  
Branch of Study: \* Education  
Program of Study: \* Spanish Language Teacher Education  
Additional Information: TEST QP1

This record has been marked as verified on your personnel record. Changes must be made by your HR department. **Indicates degree verified**

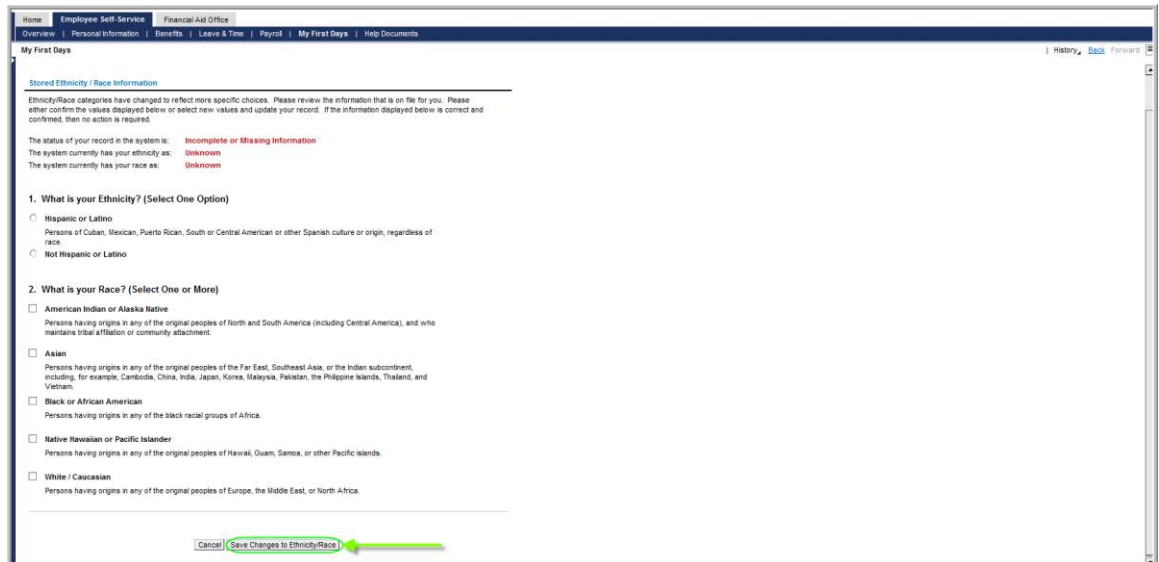
**Deactivated button**

Add New Educational Institution **Edit Educational Institution** Continue to Next Step

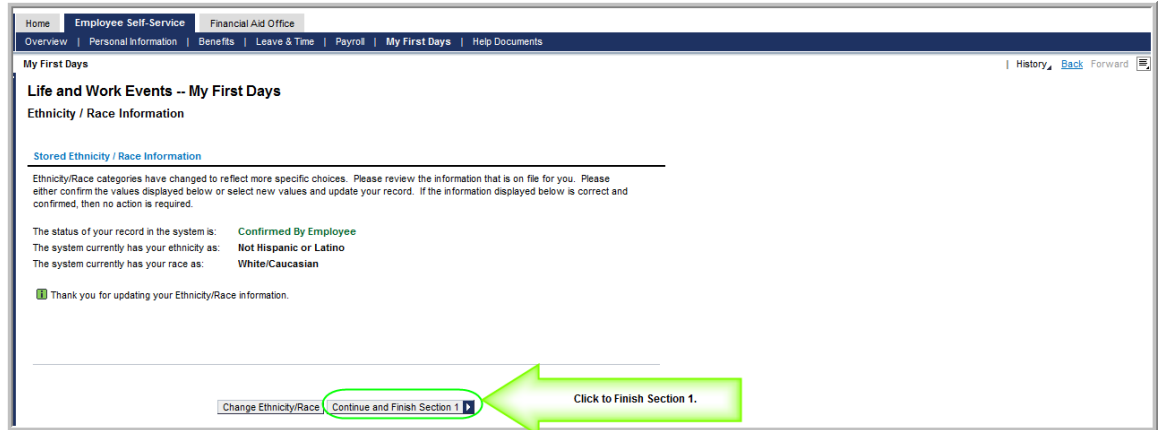
6. The **Ethnicity/Race Information** page is next in the entry process. To proceed with setting up ethnicity/race information, click **Change Ethnicity/Race**. (NOTE: If no changes/additions are desired, click **Continue and Finish Section 1** to skip **Ethnicity/Race Information**. Users will be taken back to the *My First Days* overview screen. [Click here for further instructions if skipping \*\*Ethnicity/Race Information\*\* entry.](#))



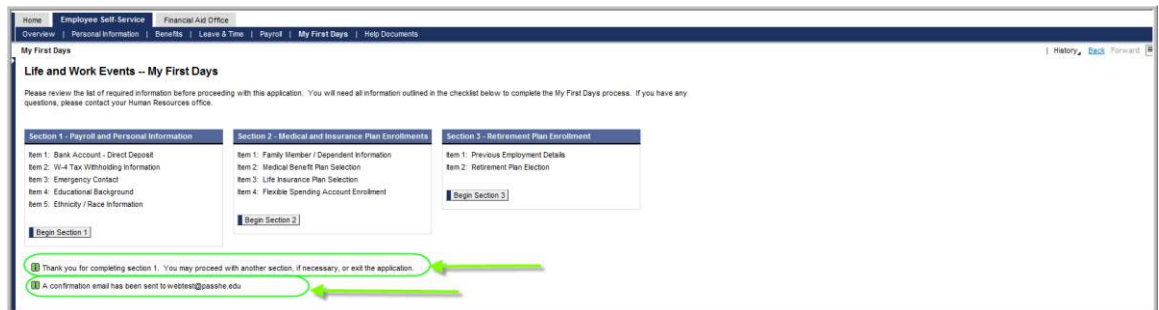
- 6a) By clicking on **Update Ethnicity**, the screen below will appear. Complete the information as appropriate and select **Save Changes to Ethnicity/Race** to continue. (NOTE: If changes are not desired, click **Cancel**.)



6b) The following screen will appear as confirmation that the **Ethnicity/Race Information** has been updated. Click **Continue and Finish Section 1**.



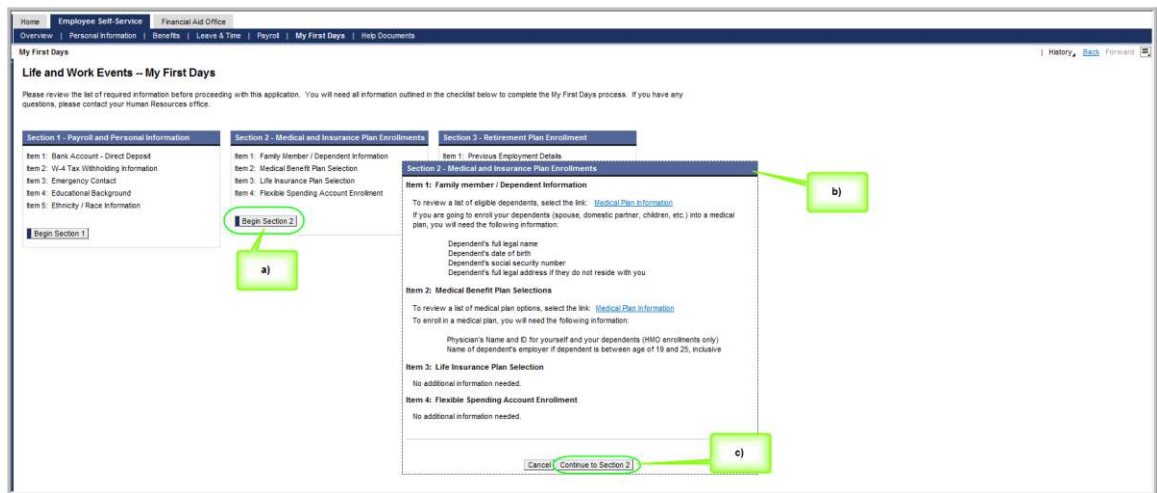
6c) The system takes users back to the following action screen of *My First Days* with a confirmation message stating Section 1 has been completed. A second message will appear indicating to what email address confirmation has been sent.



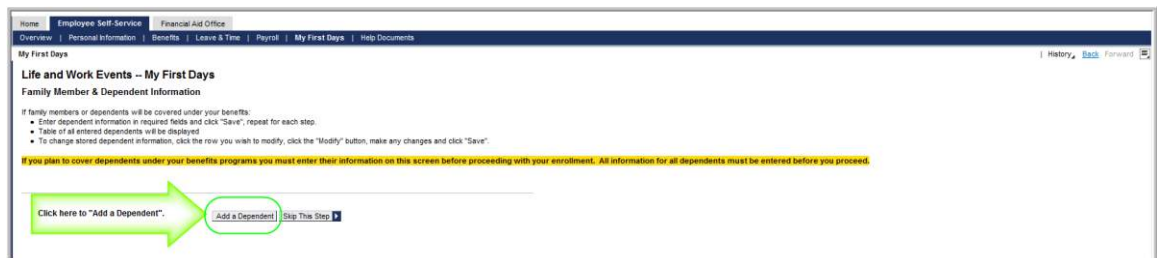
7. For instructions on logging out of *My First Days*, [click here](#).

## V. Navigating ESS and My First Days: Section 2 – Medical and Insurance Plan Enrollments

1. For instructions on how to log into the *Self-Service Portal*, refer to the **Logging into the Self-Service Portal** section of this document by [clicking here](#). Further instructions for locating the *My First Days* section under *ESS* can be found by [clicking here](#).
  - a) To begin the **Medical and Insurance Plan Enrollments** process within *My First Days*, select **Begin Section 2**.
  - b) Instructions for completing the section will be displayed.
  - c) Click **Continue to Section 2** to begin.



2. Family Member & Dependent Information will be the first page displayed under **Medical and Insurance Plan Enrollments**. To proceed with adding a dependent, click on **Add a Dependent**. (NOTE: If entering dependent information is not applicable, click **Skip This Step** and [click here to proceed to the Medical Benefits Plan Selection.](#))



- After clicking **Add a Dependent**, the following screen will appear. All information marked with a red asterisk (\*) is required for completion. Once data entry is completed, click **Save Dependent Information**.

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### Life and Work Events -- My First Days

#### Family Member & Dependent Information

If family members or dependents will be covered under your benefits:

- Enter dependent information in required fields and click "Save", repeat for each step.
- Table of all entered dependents will be displayed
- To change stored dependent information, click the row you wish to modify, click the "Modify" button, make any changes and click "Save".

**If you plan to cover dependents under your benefits programs you must enter their information on this screen before proceeding with your enrollment. All information for all dependents must be entered before you proceed.**

**Family Member / Dependent Input Form**

Relationship: \*

First Name: \*

Last Name: \*

Gender:  Male  Female

Birth Date: \*

Physician Name:

Current Patient:  Physician info is only required if you plan on enrolling in a HMO health plan.

Middle Initial:

Suffix:

Social Security Number: \*

Physician Number:

**Dependent Validation**  
Documentation verifying the individual's relationship to the employee (e.g. birth certificate, marriage certificate, etc.) must be provided.

**Dependent Attestation**  
Adult children between the ages of 19 and 26 are not eligible for PASSIE health plan coverage if they are eligible for coverage under their own employer's health plan (or, if married, under a plan of their spouse's employer). As a condition of enrollment, employees who enroll adult children between the ages of 19 and 26 will be required to complete an Attestation that their adult child is not eligible for health plan coverage as outlined above.

If the address of this family member / dependent is the same as your permanent address, leave these fields blank.

Street:

City:

State:

Postal Code:

Cancel | **Save Dependent Information** | Click to save.

- After clicking **Save Dependent Information**, the following screen will appear as confirmation the dependent data has been saved. Click **Continue to the Next Step** if finished adding dependents and to move on to the **Medical Benefits Plan Selection**. Or, if more changes are desired, continue with step 4a immediately below for further action options.

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### Life and Work Events -- My First Days

#### Family Member & Dependent Information

If family members or dependents will be covered under your benefits:

- Enter dependent information in required fields and click "Save", repeat for each step.
- Table of all entered dependents will be displayed
- To change stored dependent information, click the row you wish to modify, click the "Modify" button, make any changes and click "Save".

**If you plan to cover dependents under your benefits programs you must enter their information on this screen before proceeding with your enrollment. All information for all dependents must be entered before you proceed.**

**Stored Family Members / Dependents**

Relationship	No.	Full Name	Birth Date	Social Security Number
Spouse		Spouse, Test E	11/2/1985	***-**-9999

[Add Another Dependent](#)

**Your family member / dependent information has been updated.**

Click to continue.

Confirmation message. | **Continue to the Next Step**

4a) The following **Family Member & Dependent Information** actions are now available:

- a) To modify a dependent already entered, click on the row to highlight the dependent. The screen will expand as shown below. To begin making changes, click **Modify This Dependent's Information**.

**Stored Family Members / Dependents**

Relationship	No.	Full Name	Birth Date	Social Security Number
Spouse		Spouse, Test E	11/2/1985	***-**-9999

[Add Another Dependent](#)

**Family Member / Dependent Input Form**

Relationship: \*

First Name: \*  Middle Initial:

Last Name: \*  Suffix:

Gender:

Birth Date: \*  Social Security Number: \*

Physician Name:  Physician Number:

Current Patient:  Physician info is only required if you plan on enrolling in a HMO health plan.

**Dependent Validation**  
Documentation verifying the individual's relationship to the employee (e.g. birth certificate, marriage certificate, etc.) must be provided.

**Dependent Attestation**  
Adult children between the ages of 19 and 26 are not eligible for PASSHE health plan coverage if they are eligible for coverage under their own employer's health plan (or, if married, under a plan of their spouse's employer). As a condition of enrollment, employees who enroll adult children between the ages of 19 and 26 will be required to complete an Attestation that their adult child is not eligible for health plan coverage as outlined above.

If the address of this family member / dependent is the same as your permanent address, leave these fields blank.

Street:

City:

State:

Postal Code:

[Modify This Dependent's Information](#)

b) When finished making changes, click **Save Dependent Information**.

Stored Family Members / Dependents				
Relationship	No.	Full Name	Birth Date	Social Security Number
Spouse		Spouse, Test E	11/2/1985	***-**-9999

[Add Another Dependent](#)

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**Family Member / Dependent Input Form**

Relationship: \*

First Name: \*  Middle Initial:

Last Name: \*  Suffix:

Gender:

Birth Date: \*  Social Security Number: \*

Physician Name:  Physician Number:

Current Patient:  Physician info is only required if you plan on enrolling in a HMO health plan.

**Dependent Validation**  
Documentation verifying the individual's relationship to the employee (e.g. birth certificate, marriage certificate, etc.) must be provided.

**Dependent Attestation**  
Adult children between the ages of 19 and 26 are not eligible for PASSHE health plan coverage if they are eligible for coverage under their own employer's health plan (or, if married, under a plan of their spouse's employer). As a condition of enrollment, employees who enroll adult children between the ages of 19 and 26 will be required to complete an Attestation that their adult child is not eligible for health plan coverage as outlined above.

If the address of this family member / dependent is the same as your permanent address, leave these fields blank.

Street:

City:

State:

Postal Code:

[Cancel](#) [Save Dependent Information](#)

*Click to save changes.*

c) If adding another dependent, click on **Add Another Dependent**.

d) Or if finished adding dependents, click **Continue to the Next Step**.

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**Life and Work Events -- My First Days**

**Family Member & Dependent Information**

If family members or dependents will be covered under your benefits:

- Enter dependent information in required fields and click "Save", repeat for each step.
- Table of all entered dependents will be displayed
- To change stored dependent information, click the row you wish to modify, click the "Modify" button, make any changes and click "Save".

**If you plan to cover dependents under your benefits programs you must enter their information on this screen before proceeding with your enrollment. All information for all dependents must be entered before you proceed.**

Stored Family Members / Dependents				
Relationship	No.	Full Name	Birth Date	Social Security Number
Spouse		Spouse, Test E	11/2/1985	***-**-9999

[Add Another Dependent](#) *c) Click to add another dependent.*

[Continue to the Next Step](#) *d) Click to continue to the next step.*

5. The next screen to appear is the **Medical Benefits Plan Selection**.

**IMPORTANT:** Benefit eligibility will determine what screens are presented to users in this section. Please choose from either **SSHE benefit eligible employees** or **PEBTF benefit eligible employees** to be directed appropriately.

\* All **SSHE benefit eligible employees** - [click here to be directed to the appropriate instructions for Medical and Insurance Plan Enrollment.](#)

\* All **PEBTF benefit eligible employee** - [click here to be directed to the appropriate instructions for Medical and Insurance Plan Enrollment.](#)

**5a) (SSHE benefit eligible employees only)** From this screen, SSHE benefit eligible employees can enroll in a medical, dental, hearing, prescription, and/or vision benefit coverage plan.

The screenshot shows the 'Enrollment Offers' interface. At the top, it states 'Enrollment available from: 10/19/2011 - 11/19/2011'. Below this is a table with columns: Plan Type, Plan, Selected, Start Date, Cost, Coverage Opts., and Plan Information. The first row is highlighted in orange and shows 'Medical' for Plan Type, 'HMO Geisinger Plan' for Plan, an unchecked 'Selected' checkbox, '10/19/2011' for Start Date, and '2 option(s)' for Coverage Opts. A callout box points to the 'Coverage Opts.' column, stating 'Coverage option(s) shows potential coverage.' Another callout points to the 'Plan Type' column, stating 'Describes type of plan.' A third callout points to the 'Selected' checkbox, stating 'Checkmark will appear in box when a plan has been set for enrollment.' A fourth callout points to a 'Coverage Options' pop-up window that lists dependent coverage options for the selected plan: 'Two Party -- Employee with one dependent.' and 'Single -- Employee only.' At the bottom of the screen, there is a 'Save Health Enrollment and Continue' button.

Plan Type	Plan	Selected	Start Date	Cost	Coverage Opts.	Plan Information
Medical	HMO Geisinger Plan	<input type="checkbox"/>	10/19/2011		2 option(s)	Medical Plans
Medical	HMO Keystone Central	<input type="checkbox"/>	10/19/2011		2 option(s)	Medical Plans
Medical	Highmark PPO w/RX	<input type="checkbox"/>	10/19/2011		2 option(s)	Medical Plans
Medical	SSHE Waive Coverage	<input type="checkbox"/>	10/19/2011		1 option(s)	Medical Plans
Dental	SSHE MGMT Dental	<input type="checkbox"/>	10/19/2011		2 option(s)	Medical Plans
Hearing	SSHE MGMT Hearing	<input type="checkbox"/>	10/19/2011			
Prescription	SSHE Highmark HMO Prescription	<input type="checkbox"/>	10/19/2011			
Vision	SSHE MGMT Vision	<input type="checkbox"/>	10/19/2011			

*All costs shown in the above table are bi-weekly.*

Enrollment

Save Health Enrollment and Continue ▶



**5b) (SSHE benefit eligible employees only)** To enroll in a benefit plan, select/highlight the row of the desired plan and click **Enroll in Plan**. If the selected benefit plan has any further options to choose from, another screen will appear with further instructions (see 5c immediately below.)

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### Life and Work Events -- My First Days

#### Medical Benefits Plan Selection

To enroll in your choice of the following available medical plan options:

- Select the table row of the plan you want and click the "Enroll in Plan" button.
- Further options will appear with further instructions, if applicable
- Click the "Change Enrollment" button if changes are required.
- To save changes, you must click the "Save Health Enrollment and Continue" button.

#### Enrollment Offers

Enrollment available from: 12/21/2011 - 01/21/2012

Plan Type	Plan	Selected	Start Date	Coverage	Num. Dep.	Cost	Coverage Opts.	Plan Information
Medical	HMO Geisinger Plan	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	HMO Keystone Central	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	Highmark PPO w/RX	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	SSHE Waive Coverage	<input type="checkbox"/>	12/21/2011				1 option(s)	Medical Plans
Dental	SSHE MGMT Dental	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Hearing	SSHE MGMT Hearing	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Prescription	SSHE Highmark HMO Prescription	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Vision	SSHE MGMT Vaion	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans

All costs shown in the above table are bi-weekly.

**Enroll in Plan** | Click to begin enrollment process.

Save Health Enrollment and Continue

**5c) (SSHE benefit eligible employees only)** If the selected benefit plan requires further options to be selected, a screen similar to the one below will appear. Complete the information as shown and click **Enroll in Plan**. (NOTE: The example used here shows the enrollment process for the *HMO Geisinger* medical plan. The plan chosen by the employee will determine the specifics of what is displayed in each case, but the process will be quite similar.)

**Benefits Enrollment -- Enrollment Offer for HMO Geisinger Plan**

Start by selecting the type of dependent coverage from the drop-down below. If applicable, then select the dependents from the available list by click the check box in the provided table.

Plan:

Coverage Period:  -

The following dependent coverage options are available for the HMO Geisinger Plan plan:

- Two Party -- Employee with dependent(s)
- Single -- Employee only.

**Plan Options**

Dependent Coverage:

Primary Care Physician: \*  Physician ID: \*  [Member Information](#)

Cost to Employee (bi-weekly): \$84.36  
Additional Post-Tax Cost (bi-weekly): \$0.00  
Imputed Income (bi-weekly): \$0.00  
Minimum Number of Dependents: 1  
Maximum Number of Dependents: 1

**Available Dependents**

Select	Relationship	Name	Birth Date	SSN
<input checked="" type="checkbox"/>	Spouse	Spouse, Test E	11/2/1985	***-**-****

Only checked dependents will be included with the plan coverage.

**Callout Boxes:**

- Select multiple dependent party coverage or single for employee coverage only.
- Click to search for Physician ID on Geisinger's website.
- Selects all dependents with one click for enrollment.
- Allows for individual dependent selection(s).
- Click when ready to enroll in plan.

**5d) (SSHE benefit eligible employees only)** After clicking *Enroll in Plan*, the following screen will appear. To enroll in any other benefit plan, highlight the desired plan type and click *Enroll in Plan*. (NOTE: If the plan selected to be submitted for enrollment is incorrect, simply choose a new medical plan and complete the enrollment process again. This will automatically remove the undesired plan from enrollment.) If no further plans are desired, click *Save Health Enrollment and Continue* to move on to the *Life, Accident, and Disability Insurance Plan Selection*.

The screenshot shows the 'Medical Benefits Plan Selection' page. It includes a table of available plans with columns for Plan Type, Plan, Selected, Start Date, Coverage, Num. Dep., Cost, Coverage Opts., and Plan Information. Callouts provide instructions: 'Enroll in Plan' and 'Change Enrollment' buttons are highlighted; a callout points to the 'Selected' column with the text 'Click to make modifications to highlighted plan ready for enrollment.'; another callout points to the 'Num. Dep.' column with the text 'Shows summary of total number of dependents to be enrolled.'; and a final callout points to the 'Save Health Enrollment and Continue' button with the text 'If finished, click "Save Health Enrollment and Continue".'

Plan Type	Plan	Selected	Start Date	Coverage	Num. Dep.	Cost	Coverage Opts.	Plan Information
Medical	HMO Geisinger Plan	<input checked="" type="checkbox"/>	12/21/2011	Two Party	01	\$84.36	2 option(s)	Medical Plans
Medical	HMO Keystone Central	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	Highmark PPO w/RX	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	SSHE Waive Coverage	<input type="checkbox"/>	12/21/2011				1 option(s)	Medical Plans
Dental	SSHE MGMT Dental	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Hearing	SSHE MGMT Hearing	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Prescription	SSHE Highmark HMO Prescription	<input checked="" type="checkbox"/>	12/21/2011	Two Party	01	\$0.00	2 option(s)	Medical Plans
Vision	SSHE MGMT Vision	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans

**5e) NOTE: (SSHE benefit eligible employees only)** Selecting and enrolling in any of the following plans will *automatically* create prescription plan coverage under *SSHE Highmark HMO Prescription* as indicated in the screen above by the checkmark in the *Selected* column:

- a) HMO Geisinger Plan
- b) HMO Keystone Central

**5f) NOTE (cont.): (SSHE benefit eligible employees only)** Selecting and enrolling in *Highmark PPO w/RX* will create enrollment in the Highmark PPO Medical and Prescription program types simultaneously. The *SSHE Highmark HMO Prescription* plan cannot be selected when *Highmark PPO w/RX* is the chosen plan.

**5g) NOTE (cont.): (SSHE benefit eligible employees only)** Selecting and enrolling in *SSHE Waive Coverage* signifies no medical or prescription plan coverage is desired.

**5h) (PEBTF benefit eligible employees only)** From this screen, PEBTF benefit eligible employees can enroll in a medical benefit coverage plan.

**Enrollment Offers**  
Enrollment available from: 12/21/2011 - 01/21/2012

Plan Type	Plan	Selected	Start Date	Coverage	Num. Dep.	Cost	Coverage Opts.	Plan Information
Medical	ConsumerDrivenHlthPlan (PEBTF)	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	HMO Geisinger (PEBTF)	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	HMO Keystone Central (PEBTF)	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	Highmark PPO (PEBTF)	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	Waive Coverage (PEBTF)	<input type="checkbox"/>	12/21/2011				1 option(s)	Medical Plans
PEBTF Supp.	Vision/Hear/Pres/DenPPO(PEBTF)	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
PEBTF Supp.	Waive Supplementals (PEBTF)	<input type="checkbox"/>	12/21/2011				1 option(s)	Medical Plans

All costs shown in the above table are bi-weekly.

[Enroll in Plan](#) [Change Enrollment](#)

**Coverage Options**  
The following dependent coverage options are available for the ConsumerDrivenHlthPlan (PEBTF) plan:  
 • Single -- Employee only.  
 • Multi-Party -- Employee with at least one dependent.  
[OK](#)

Checkmark will appear in box when a plan has been set for enrollment.

[Save Health Enrollment and Continue](#)

**5i) (PEBTF benefit eligible employees only)** To enroll in a medical benefit plan, select/highlight the row of the desired plan and click **Enroll in Plan**. If the selected plan has any further options to choose from, another screen will appear with further instructions (see 5j immediately below.)

Home | Employee Self-Service | Financial Aid Office  
 Overview | Personal Information | Benefits | Leave & Time | Payroll | My First Days | Help Documents

My First Days | History | Back | Forward

**Life and Work Events -- My First Days**  
**Medical Benefits Plan Selection**

To enroll in your choice of the following available medical plan options:  
 • Select the table row of the plan you want and click the "Enroll in Plan" button.  
 • Further options will appear with further instructions, if applicable.  
 • Click the "Change Enrollment" button if changes are required.  
 • To save changes, you must click the "Save Health Enrollment and Continue" button.

**Enrollment Offers**  
 Enrollment available from: 12/21/2011 - 01/21/2012

Plan Type	Plan	Selected	Start Date	Coverage	Num. Dep.	Cost	Coverage Opts.	Plan Information
Medical	ConsumerDrivenHlthPlan (PEBTF)	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	HMO Geisinger (PEBTF)	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	HMO Keystone Central (PEBTF)	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	Highmark PPO (PEBTF)	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	Waive Coverage (PEBTF)	<input type="checkbox"/>	12/21/2011				1 option(s)	Medical Plans
PEBTF Supp.	Vision/Hear/Pres/DenPPO(PEBTF)	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
PEBTF Supp.	Waive Supplementals (PEBTF)	<input type="checkbox"/>	12/21/2011				1 option(s)	Medical Plans

All costs shown in the above table are bi-weekly.

[Enroll in Plan](#) [Change Enrollment](#)

[Save Health Enrollment and Continue](#)

Highlight the plan for desired enrollment.

Click to begin enrollment process.

**5j) (PEBTF benefit eligible employees only)** If the selected benefit plan requires further options to be selected, a screen similar to the one below will appear. Complete the information as shown and click **Enroll in Plan**. (NOTE: The example used here shows the enrollment process for the *HMO Keystone Central (PEBTF)*. The plan chosen by the employee will determine the specifics of what is displayed in each case, but the process will be quite similar.)

The screenshot shows a web interface for enrolling in a health plan. The title is "Benefits Enrollment -- Enrollment Offer for HMO Keystone Central (PEBTF)". The form includes a "Plan Options" section with a "Dependent Coverage" dropdown set to "Multi-Party", a "Primary Care Physician" field, and a "Physician ID" field with a "Member Information" link. Below this is a table of costs: Cost to Employee (bi-weekly): \$0.00, Additional Post-Tax Cost (bi-weekly): \$0.00, Imputed Income (bi-weekly): \$0.00, Minimum Number of Dependents: 1, and Maximum Number of Dependents: 20. An "Available Dependents" table lists a spouse named "PEBTF, Test" with a birth date of 11/1/1965 and SSN 999-99-9999. A "Select All" button is above the table, and a "Select" checkbox is next to the spouse entry. At the bottom, there are "Cancel & Return to Offer Screen" and "Enroll in Plan" buttons.

**Callout boxes:**

- "Select multiple dependent party coverage or single for employee coverage only." (points to the "Multi-Party" dropdown)
- "Click to search for a Physician ID." (points to the "Member Information" link)
- "Selects all dependents with one click for enrollment." (points to the "Select All" button)
- "Allows for individual dependent selection(s)." (points to the "Select" checkbox)
- "Click when ready to enroll in plan." (points to the "Enroll in Plan" button)

**5k) (PEBTF benefit eligible employees only)** After clicking *Enroll in Plan*, the following screen will appear. Repeat the process outlined in *5i-5j* above to enter additional coverage. (NOTE: If the plan selected to be submitted for enrollment is incorrect, simply choose a new medical plan and complete the enrollment process again. This will automatically remove the undesired plan from enrollment.) If no further action is needed, click *Save Health Enrollment and Continue* to move on to the *Life, Accident, and Disability Insurance Plan Selection*.

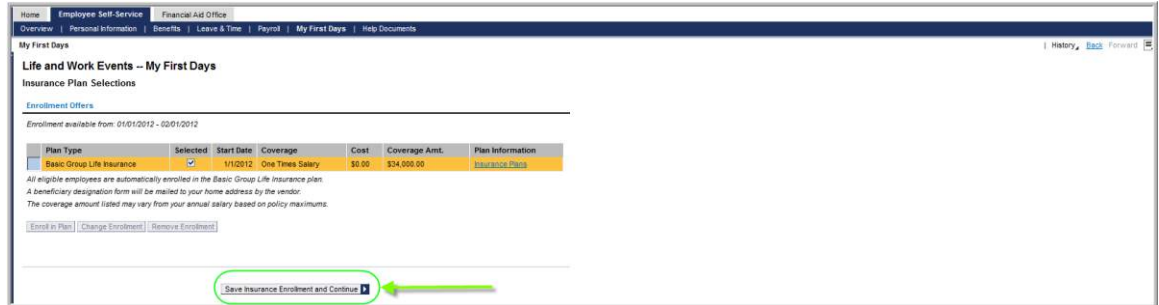
The screenshot shows the 'Enrollment Offers' page with a table of available plans. A callout points to the 'Selected' checkbox for the 'HMO Keystone Central (PEBTF)' plan, stating 'Confirms plan is ready for enrollment.' Another callout points to the '01' in the 'Num. Dep.' column, stating 'Shows summary of total number of dependents to be enrolled.' A third callout points to the 'Change Enrollment' button, stating 'Click to make modifications to highlighted plan ready for enrollment.' A fourth callout points to the 'Save Health Enrollment and Continue' button, stating 'If finished, click "Save health Enrollment and Continue".'

Plan Type	Plan	Selected	Start Date	Coverage	Num. Dep.	Cost	Coverage Opts.	Plan Information
Medical	ConsumerDrivenHlthPlan (PEBTF)	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	HMO Geisinger (PEBTF)	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	HMO Keystone Central (PEBTF)	<input checked="" type="checkbox"/>	12/21/2011	Multi-Party	01	\$0.00	2 option(s)	Medical Plans
Medical	Highmark PPO (PEBTF)	<input type="checkbox"/>	12/21/2011				2 option(s)	Medical Plans
Medical	Waive Coverage (PEBTF)	<input type="checkbox"/>	12/21/2011					Medical Plans
PEBTF Supp.	Vision/Hear/Pres/DenPPO(PEBTF)	<input type="checkbox"/>	12/21/2011					
PEBTF Supp.	Waive Supplementals (PEBTF)	<input type="checkbox"/>	12/21/2011					

All costs shown in the above table are bi-weekly.

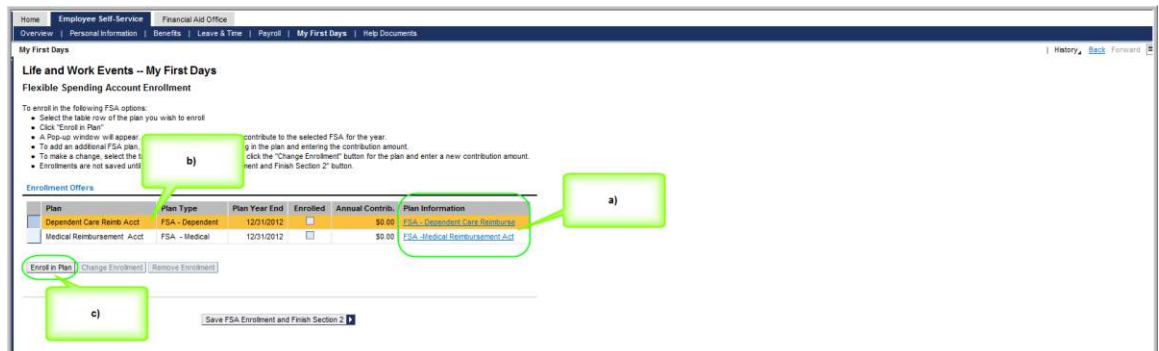
Buttons: Enroll in Plan, Change Enrollment, Save Health Enrollment and Continue

6. **Insurance Plan Selections** is next in the entry process. No action is necessary other than to click **Save Insurance Enrollment and Continue**; all eligible employees are automatically enrolled in the Basic Group Life Insurance plan at zero cost to employees. A beneficiary designation form will be mailed to the home address by the vendor. The coverage amount listed may vary from the annual salary based on policy maximums.



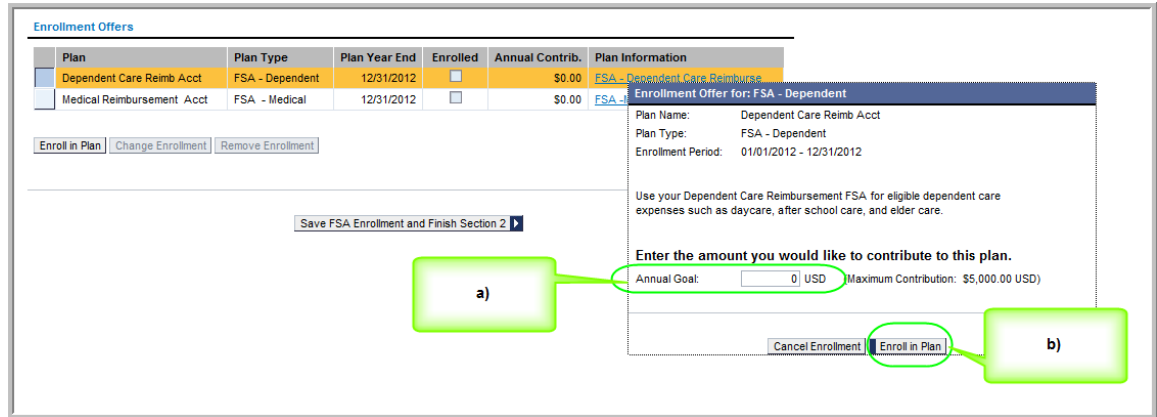
7. The **Flexible Spending Account Enrollment** is next in the entry process.

- a) The links under **Plan Information** provide more details on the available **Flexible Spending Account** programs.
- b) Click on the desired plan for enrollment.
- c) Click **Enroll in Plan**.



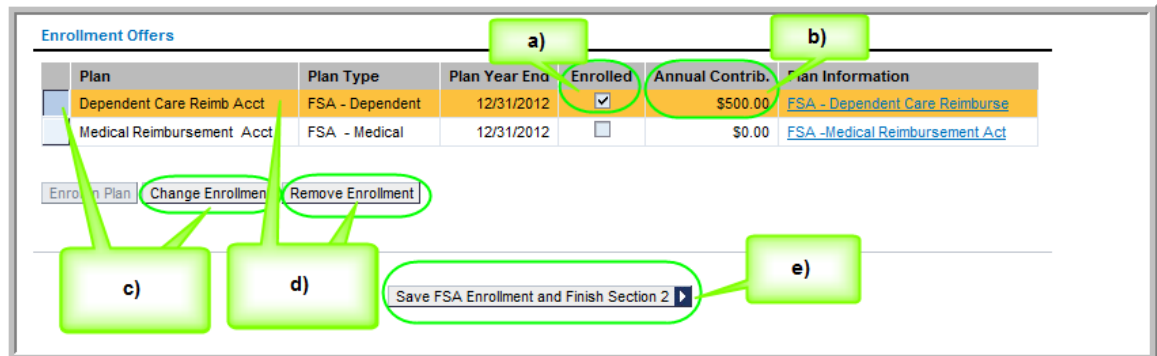
7b) If selecting to enroll in the *Dependent Care Reimb Acct* plan, the following window will appear:

- a) Enter the annual contribution amount desired for the plan not to exceed \$5,000 USD.
- b) Click **Enroll in Plan**.



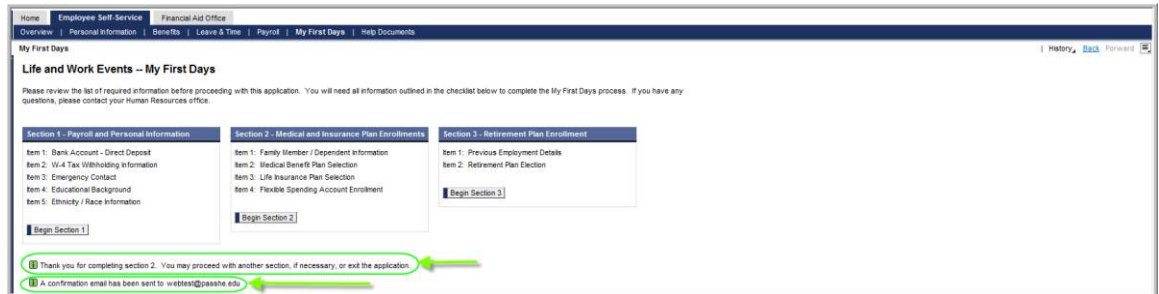
7c) Users will be returned to the *Flexible Spending Account Enrollment* screen. (NOTE: Repeat step 6b immediately above to add a second *Flexible Spending Account*.)

- a) The **Enrolled** column will now show a checkmark to indicate the plan is ready to be submitted for enrollment.
- b) The **Annual Contrib.** column will confirm the amount entered from step 6b above.
- c) If modifications are necessary, click on the plan to modify, and select **Change Enrollment**.
- d) If removing a plan is desired, click on the plan to remove, and select **Remove Enrollment**.
- e) When finished, select **Save FSA Enrollment and Finish Section 2**.





8. The system takes users back to the following action screen of *My First Days* with a confirmation message stating Section 2 has been completed. A second message will appear indicating to what email address confirmation has been sent.



9. For instructions on logging out of *My First Days*, [click here](#).

## VI. Navigating ESS and My First Days: Section 3 – Retirement Plan Enrollment

### Before beginning this section, please note:

The **Retirement and Savings Plan Selection** screen will not appear for users who enter previous employment records under **Previous/Current Employment Information**.

**Employees have 30 days from the first date of eligibility to select enrollment in either a state retirement program (SERS or PSERS) or to enroll in the Alternative Retirement Program (ARP), or the employee will be automatically enrolled in the SERS retirement plan. Once the retirement plan selection has been made, it cannot be changed.**

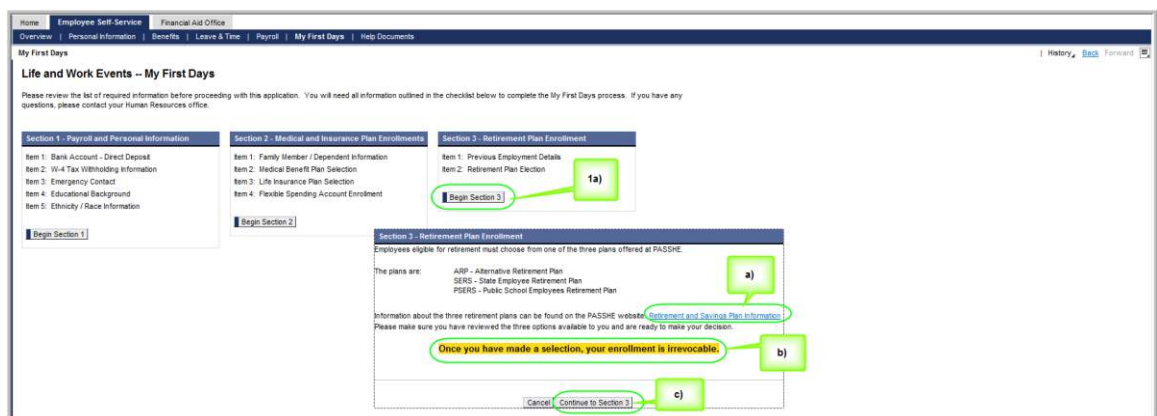
1. For instructions on how to log into the *Self-Service Portal*, refer to the **Logging into the Self-Service Portal** section of this document by [clicking here](#). Further instructions for locating the *My First Days* section under *ESS* can be found by [clicking here](#).

**1a)** To begin the process of **Retirement Plan Enrollment** within *My First Days*, select **Begin Section 3**; a second screen will appear within the same browser window with additional information on *Retirement Plan Enrollment*.

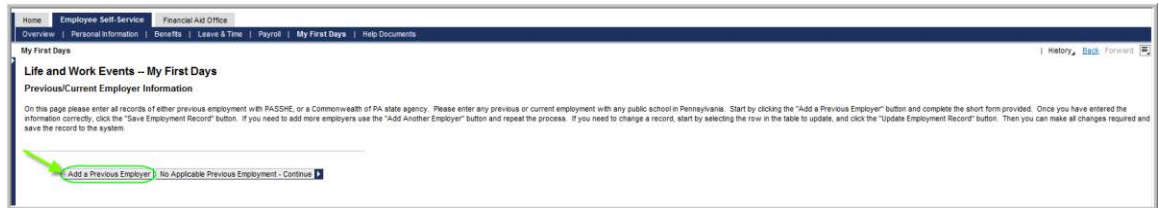
**a)** The **Retirement and Savings Plan Information** link will open a new window where more detailed information regarding retirement and savings plans can be explored.

**b)** An important message will be displayed advising employees that once a retirement plan is selected and submitted, the enrollment choice is irrevocable.

**c)** When ready to begin, click **Continue to Section 3**.



2. Adding **Previous/Current Employer Information** is next in the entry process. Adding **Previous/Current Employer Information** is only applicable to employees who have previous or current employment with PASSHE, a Pennsylvania Public School, or a Commonwealth of PA state agency. To add previous and/or current employer information, click **Add a Previous Employer**. (NOTE: If adding a previous and/or current employer's information is not applicable, click **No Applicable Previous Employment - Continue**. To continue with instructions, [see 2f\) NOTE: After skipping Previous/Current Employment Information](#).



2a) The following **Previous Employment Information** screen will appear for completion.

- a) **Employer:** Enter the name of the previous/current employer by following one of the three formats provided.
- b) **Employed From:** Enter in the start and end dates of employment. (NOTE: If currently employed in the position being entered, complete the end date field with 12/31/9999.)
- c) **Retirement Plan:** Choose the desired retirement plan.
- d) **Previous Last Name** is an optional field. Only complete the field if the last name was different at time of employment otherwise it may be left blank.
- e) Click **Save Employment Record**.

**Previous Employment Information**

---

Employer: \*

Enter in one of the following formats:  
 \* PASSHE - <university name>  
 \* Commonwealth of PA - <agency/department name>  
 \* Pennsylvania Public School - <School District>

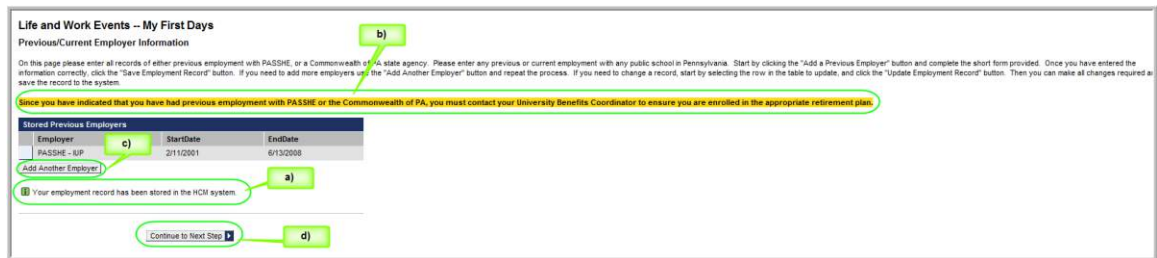
Employed From: \*  to  \* If currently employed in this position, complete the end date field with 12/31/9999.

Retirement Plan: \*

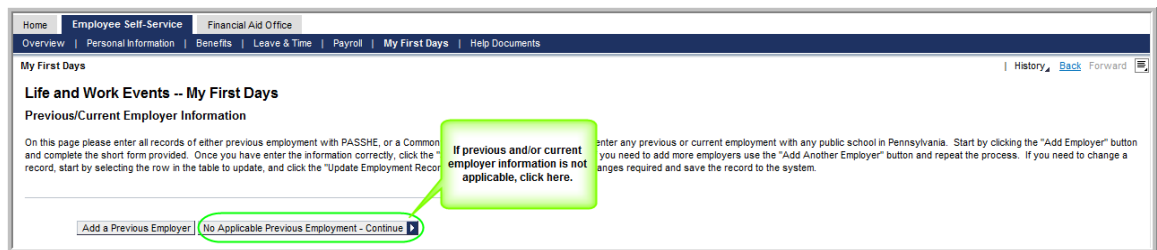
Previous Last Name:  Enter if last name different at time of employment.

**2b)** Once the employment record is saved, users will be returned to the **Previous/Current Employer Information** page:

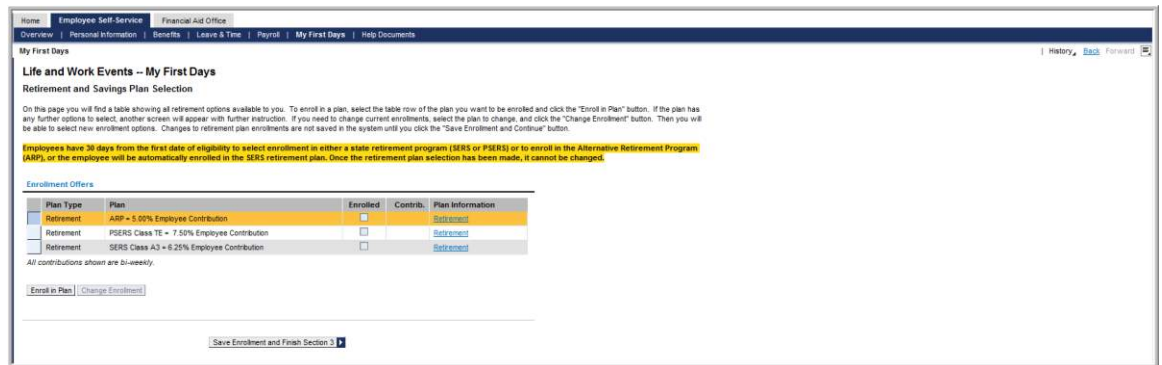
- a) The following confirmation message will appear:  
*Your employment record has been updated in the HCM system.*
- b) The following important message will also appear:  
*Since you have indicated that you have had previous employment with PASSHE or the Commonwealth of PA, you must contact your University Benefits Coordinator to ensure you are enrolled in the appropriate retirement plan.*
- c) If additional employment records need to be added, click **Add Another Employer**.
- d) If finished entering employment records, click **Continue to Next Step**.



**2c) NOTE:** For users who do not have previous or current employment with PASSHE, the Commonwealth of PA, or a Pennsylvania Public School, select **No Applicable Previous Employment - Continue** and continue with step 3 immediately below to choose a retirement plan.

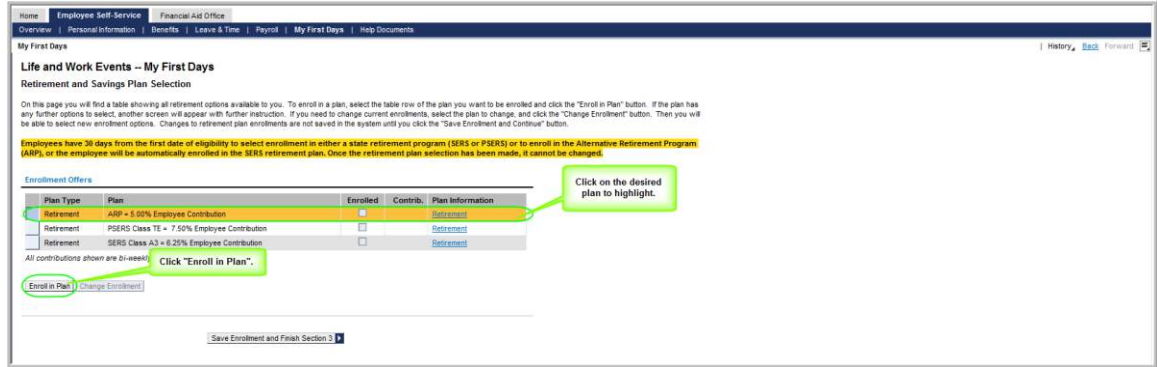


3. The **Retirement and Savings Plan Selection** screen will now appear. (NOTE: This page will not appear for employees who have entered information on the [Previous/Current Employer Information page](#).)
  - a) To select **ARP = 5.00% Employee Contribution** as the desired retirement plan for enrollment, [follow the steps by clicking here](#):
  - b) To select **PSERS Class TE = 7.50% Employee Contribution** as the desired retirement plan for enrollment, [follow the steps by clicking here](#).
  - c) To select **SERS Class A3 = 6.25% Employee Contribution** as the desired retirement plan for enrollment, [follow the steps by clicking here](#).



3a) To select **ARP = 5.00% Employee Contribution** as the desired retirement plan for enrollment:

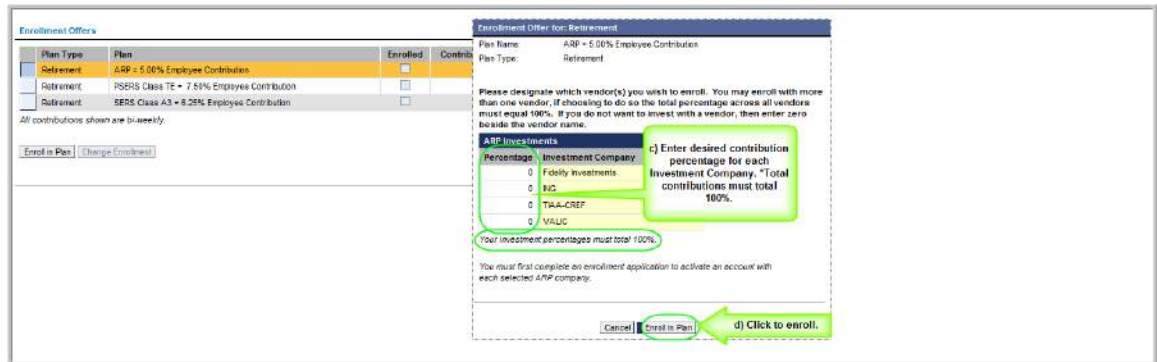
a) Highlight the retirement plan by clicking on it. Select **Enroll in Plan**.



b) The **Enrollment Offer for: Retirement** window will appear.

c) Enter the desired percentage of contribution for each **Investment Company**. \*Investment percentages must total 100%.

d) Select **Enroll in Plan**.



**3b)** Users will be taken back to the *Retirement and Savings Plan Selection* screen.

**a)** A checkmark will appear in the *Enrolled* column to confirm enrollment is ready for submission.

**b)** If changes need to be made to the ARP retirement enrollment contribution percentages, highlight the ARP row and select *Change Enrollment*.

**c)** Select *Save Enrollment and Finish Section 3*. Users will be taken back to the *My First Days* overview screen.

**d)** For instructions on logging out of *My First Days*, [click here](#).

The screenshot shows the 'Enrollment Offers' interface. It features a table with columns for Plan Type, Plan, Enrolled, Contrib., and Plan Information. The first row is highlighted in orange and has a checkmark in the 'Enrolled' column, with callout 'a)' pointing to it. Below the table, there is a note: 'All contributions shown are bi-weekly.' Below this note, there is a button labeled 'Change Enrollment' with callout 'b)' pointing to it. At the bottom of the screen, there is a button labeled 'Save Enrollment and Finish Section 3' with callout 'c)' pointing to it.

Plan Type	Plan	Enrolled	Contrib.	Plan Information
Retirement	ARP = 5.00% Employee Contribution	<input checked="" type="checkbox"/>	5.00%	<a href="#">Retirement</a>
Retirement	PSERS Class TE = 7.50% Employee Contribution	<input type="checkbox"/>		<a href="#">Retirement</a>
Retirement	SERS Class A3 = 6.25% Employee Contribution	<input type="checkbox"/>		<a href="#">Retirement</a>

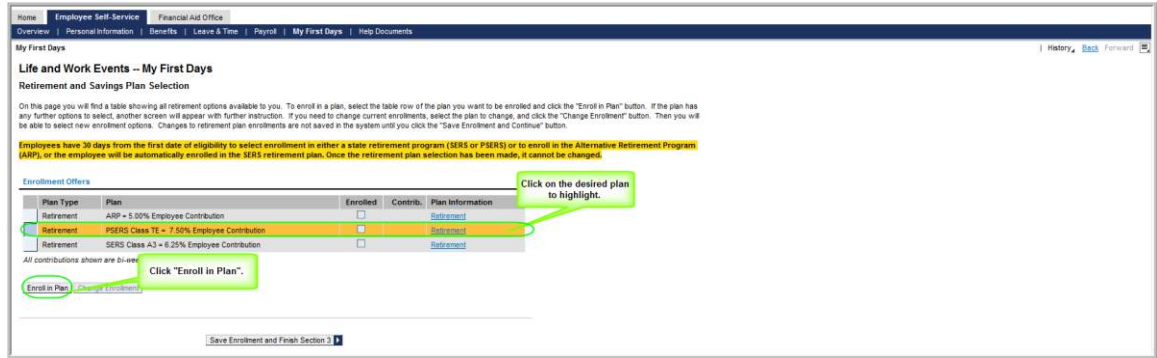
All contributions shown are bi-weekly.

Enroll in Plan [Change Enrollment](#)

[Save Enrollment and Finish Section 3](#)

3c) To select **PSERS Class TE = 7.50% Employee Contribution** as the desired retirement plan for enrollment:

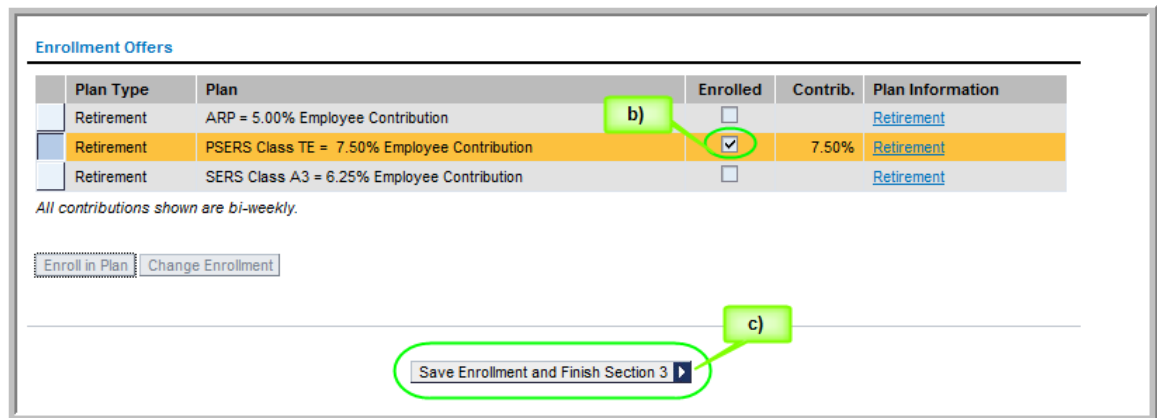
a) Highlight the retirement plan by clicking on it. Select **Enroll in Plan**.



b) A checkmark will appear in the **Enrolled** column to indicate the plan is ready to be submitted for enrollment.

c) Select **Save Enrollment and Finish Section 3**. Users will be taken back to the *My First Days* overview screen.

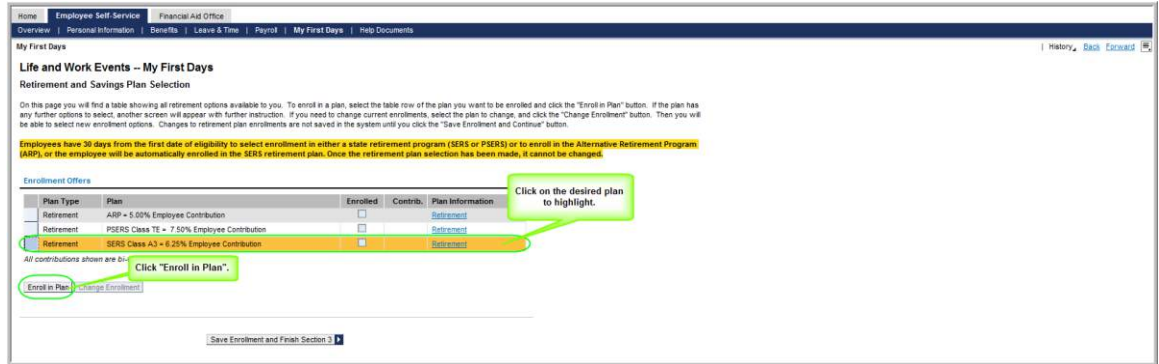
d). For instructions on logging out of *My First Days*, [click here](#).





3d) To select **SERS Class A3 = 6.25% Employee Contribution** as the desired retirement plan for enrollment:

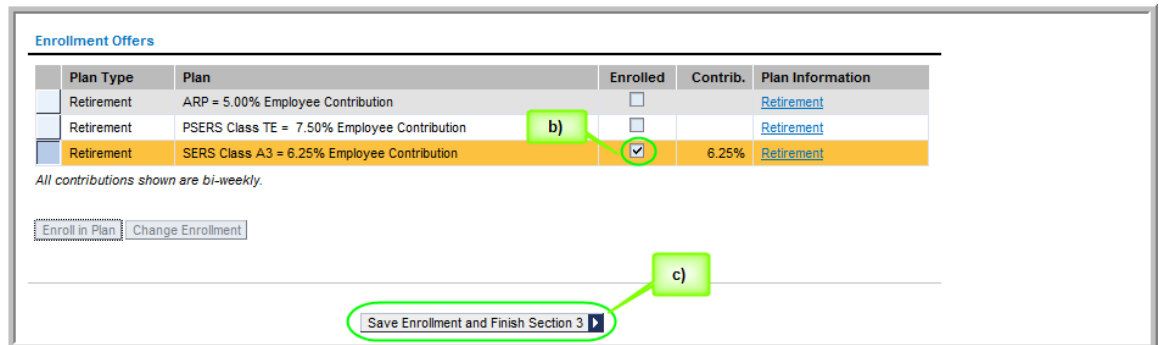
a) Highlight the retirement plan by clicking on it. Select **Enroll in Plan**.



b) A checkmark will appear in the **Enrolled** column to indicate the plan is ready to be submitted for enrollment.

c) Select **Save Enrollment and Finish Section 3**. Users will be taken back to the *My First Days* overview screen.

d). For instructions on logging out of *My First Days*, [click here](#).

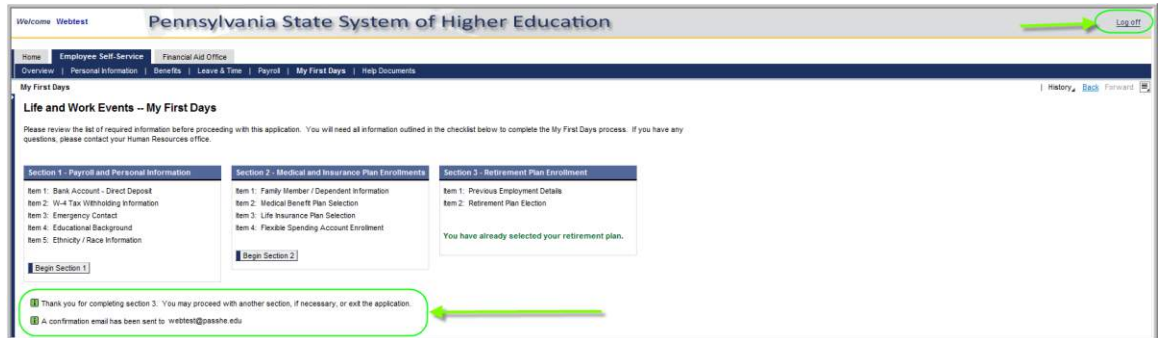


3e) The following screen will be displayed with two messages that read:

*“Thank you for completing section 3. You may proceed with another section, if necessary, or exit the application.”*

*“A confirmation message has been sent to (insert user email address here).”*

3f) Click **Log off** from the upper right-hand corner of the screen.



3g) To confirm exiting the session, click **Yes**. Upon exiting, users will be returned to the *Self-Service Portal* log in screen

