On myHISD click the *Benefits* heart icon.



Click Quick Links on the right hand side.



Click Enroll in Benefits



This is your Benefits enrollment site. You can view your current benefits and update your beneficiaries.

Benefits	Benefits		
	Current Benefits	Report a Qualifying Change	Manage Information
	Current Benefits Review your current benefits, your previous year's benefits, or any changes due to a life event. VIEW BENEFITS	Add/remove a dependent or report any event that allows you to make changes outside of the yearly enrollment period. DECLARE AN EVENT	Manage Information Manage Information Manage your personal info

To begin your New Hire enrollment click *Enroll Now*.

Benefits	Benefits) Jim E. ~
	You have 1 enrollment opportunity		
	Current Benefits Review your current benefits, your previous year's benefits, or any changes due to a life event. VIEW BENEFITS	Report a Qualifying Change Image: Add/remove a dependent or report any event that allows you to make changes outside of the yearly enrollment period. DECLARE AN EVENT	Manage Information Add or edit dependents & beneficiaries, Manage your personal info MANAGE

Click *Change* on the benefits you would like to enroll in. You can also see how many days you have left to enroll.

Benefits	Benefits) Jim E. ~
	New Hire Event			55 DAY(S) LEFT TO ENROLL
	0 Benefits Need Review		SAVE & FINISH L	ATER COMPLETE ENROLLMENT
	Estimated Costs Per Paycheck + =	\$0.00		
	Please take a moment to review and make	e changes to your benefits. You cannot com	nplete your enrollment unless you take acti	on on the benefits that need review.
	Medical Plan	Discount Rx Program	Dental Plan	Vision Plan
		Remain		
	No Coverage \$0.00	No Coverage \$0.00	No Coverage \$0.00	No Coverage \$0.00
	CHANGE	CHANGE	CHANGE	CHANGE

Scroll down the page to add dependents and/or beneficiaries (Life Insurance).

O Benefits Need Review			SAVE & FINISH LATER	COMPLETE ENROLLMENT
Free and confidential services	Free medical care if enrolled in			
No action required	No action required			
Who Is Covered	dependents	beneficiaries]	
o				
ADD NEW DEPENDENT	Jim Example You			
	VIEW			
			SAVE & FINISH LATER	COMPLETE ENROLLMENT

Click Select This Plan to select the option. You can also review additional information.

	NEW HIRE EVENT			
	Medical Plan			
Benefits Be	ABOUT THIS BENEFIT Make your medical plan election choice b	y clicking the button for the desired plan	n and coverage level. <u>To review comprehe</u>	ensive medical plan information click here.
	WHO IS COVERED	Basic - Limited	Basic - Choice	Plus - Limited
	You	Plan cost per paycheck \$24.41	Plan cost per paycheck \$30.54	Plan cost per paycheck \$49.19
E	s e	SELECT THIS PLAN	SELECT THIS PLAN	SELECT THIS PLAN
		Plus - Choice	Open Access	
7	7	Plan cost per paycheck \$61.48	Plan cost per paycheck \$249.16	
		SELECT THIS PLAN	SELECT THIS PLAN	

You can save and continue to the next plan or go back to all benefits.

	B	< NEW HIRE EVENT				
		Save Your Election				×
Benefits	B€	you are enrolling in Medical Plan - Basic - L	imited			
	Ne	PER PAYCHECK	COSTS	COVERED IN	IDIVIDUALS - MEDICAL PLAN	n information click here.
		PLAN COST:	\$24.41 🕄		n Example	s - Limited
		TOTAL PER PAYCHECK:	\$24.41 🕄			t per paycheck
		SAVE AND CONT	INUE TO DENTAL PLAN	C SAVE AN	D RETURN TO ALL BENEFITS	49.19
	Es		SELECT THIS PL	AN	SELECT THIS PLAN	SELECT THIS PLAN
	Plea					
			Dius Chais		Cruz Arren	
			Plus - Choic	e	Open Access	
			Plan cost per pay	rcheck	Plan cost per paycheck	
	20		φ 01.48		\$249.10	
			SELECT THIS PL	AN	SELECT THIS PLAN	

Once you have selected all your benefits click *Complete Enrollment*. You can also see your cost per paycheck.

Benefits	Benefits			Jim E. ~
	New Hire Event			DAY(S) LEFT TO ENROLL
	O Benefits Need Review	1	SAVE & FINISH L	ATER COMPLETE ENROLLMENT
	Estimated Costs Per Paycheck 🗸 =	\$49.48		
	Please take a moment to review and make	changes to your benefits. You cannot con	nplete your enrollment unless you take acti	on on the benefits that need review.
	Medical Plan	Discount Rx Program	Dental Plan	Vision Plan
			27	
	Ø	3	Ø	Ø
	Basic - Limited \$24.41	No Coverage \$0.00	Dental PPO \$15.39	Vision Low \$1.83
	You are covered		You are covered	You are covered
	CHANGE	No action required LEARN MORE	CHANGE	CHANGE

You can review all the benefits you have elected on this page.

Benefits	Bene	fits		Jim E. 🗸
	New H	ire Event		
	Review	& Confirm Benefits		
	Your	elections will not be processed unt	til you click 'Confirm Enrollment'.	SAVE & FINISH LATER CONFIRM ENROLLMENT
				•
			Your Estimated Cost of Benefits	
			Per Paycheck = \$49.48	
	PLANS			PLAN COST
	Ŷ	Medical Plan Basic - Limited Effective Date: Sep 1, 2018 Coverage: You	CHANGE	\$24.41 🕄
		Discount Rx Program 8 Waived	LEARN MORE	\$0.00 🕄
	R	Dental Plan 🔮 Dental PPO	CHANGE	\$15.39 🚯

Scroll down the page to finish reviewing. Once completed, click *Confirm Enrollment* to finish.

SUBTOTAL					\$49.48 🚯
Who Is Covered					
	dep	endents	beneficiaries		
Jim Example You					
COVERED FOR:	0				
었 DENTAL PLAN ↔ VISION PLAN	0 0				
 Did you know? The employer contril DETAILS 	oution towards your benefits is \$23	31.98			
Your elections will not be proce	essed until you click 'Confirm Enrollment'.			SAVE & FINISH LATER	

After reading click *I Agree*.

LF.		Confirm Enrollment	powered by
Benefits	Benefits	I certify that any documentation or certification required and provided for this enrollment, election or election change is true, accurate and complete, and that my employer may rely on the information. I acknowledge that the provision of false, misleading or incomplete	Jim E. 🗸
	New Hire Even	Plans, including without limitation, termination or rescission of coverage, recovery of benefits paid, fines and penalties under law.	
	Review & Confirm	Furthermore, I, the undersigned, authorize my employer to deduct from my wages the amounts required to pay my share of the premiums and/or contributions for the benefits elected under my employer's pension and benefit plan(s). I further understand that any credit provided by my employer, not represented in the cost calculation, will reduce the amount deducted from my wages. Where elected by me or required by plan design, these deductions shall occur on a pre-tax basis. All the other deductions shall be taken on a post-tax basis. Such deduction amounts may only be changed at my employer's open enrollment or in accordance with applicable regulations and plan design.	NISH LATER CONFIRM ENROLLMENT
	PLANS		PLAN COST

You will receive a confirmation of your enrollment. You can also download/save a copy of your confirmation.

Benefits	Benefits	Jim E. 🗸
	New Hire Event	
	You have completed your enrollment. CONFIRMATION # 10083073 Event Date: Sep 01, 2018 Last Confirmed Date: Jul 23, 2018 DOWNLOAD CONFIRMATION OR EXTLAND RETURN TO BENEFITS	
	Your Estimated Cost of Benefits	
	Per Paycheck = \$49.48	
	PLANS	PLAN COST
	Medical Plan Basic - Limited Effective Date: Sep 1, 2018 Coverage: You	\$24.41 🕄

Benefits	Benefits		Jim E. 🗸
	You have 1 enrollment opportunity		
	New Hire Event Vour enrollment is complete. Days left to make changes MAKE CHANGES Image: VIEW ELECTIONS		
	Current Benefits	Report a Qualifying Change	Manage Information
	previous year's benefits, or any changes due to a life event.	event that allows you to make changes outside of the yearly enrollment period.	Manage your personal info