2017

How to Enroll in Your DC Government Benefits

dchr
DC Department of Human Resources

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How to Enroll in Your DC Government Benefits

This guide provides step-by-step instructions for enrolling your DC Government employee benefits through Employee Self Service (ESS). You can access ESS on any computer with an internet connection at *https://ess.dc.gov*.

You may enroll in or make changes to your existing benefits under the following circumstances:

- Within 30 days of new hire
- Qualified life event
- Open Enrollment

The following programs are **not available** for enrollment through ESS:

- Aflac Cancer Insurance, Hospital Confinement, Personal Sickness, Personal Accident, Specify Health Event
- Calvert 529 College Savings Plan

Elections Effective Dates

- Elections made within 30 days of new hire will be effective following the first pay period in which a payroll deduction is made to pay for the benefit.
- Flexible Spending Account (FSA) coverage begins following the first pay period in which a payroll deduction was made to pay for the benefit.

Need Help Choosing Your Benefits?

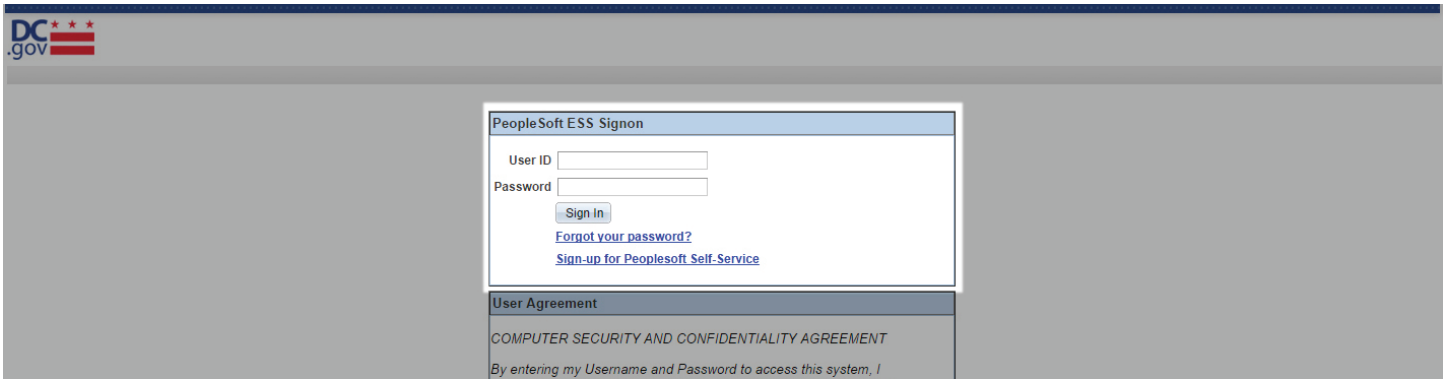
New for this year: Chat with our virtual benefits counselor, ALEX, at *https://www.myalex.com/dchr*. ALEX is an easy-to-use online tool that will make sure you get the right amount of coverage for your needs. Even if you're happy with your current plan, it's worth it to use ALEX to make sure you're not paying too much for health insurance.

In addition, the DCHR Benefits and Retirement Administration is available to provide assistance. They can be reached Monday through Friday from 8:30 a.m. to 5:30 p.m. at 202.442.7627 or *dchr.benefits@dc.gov*.

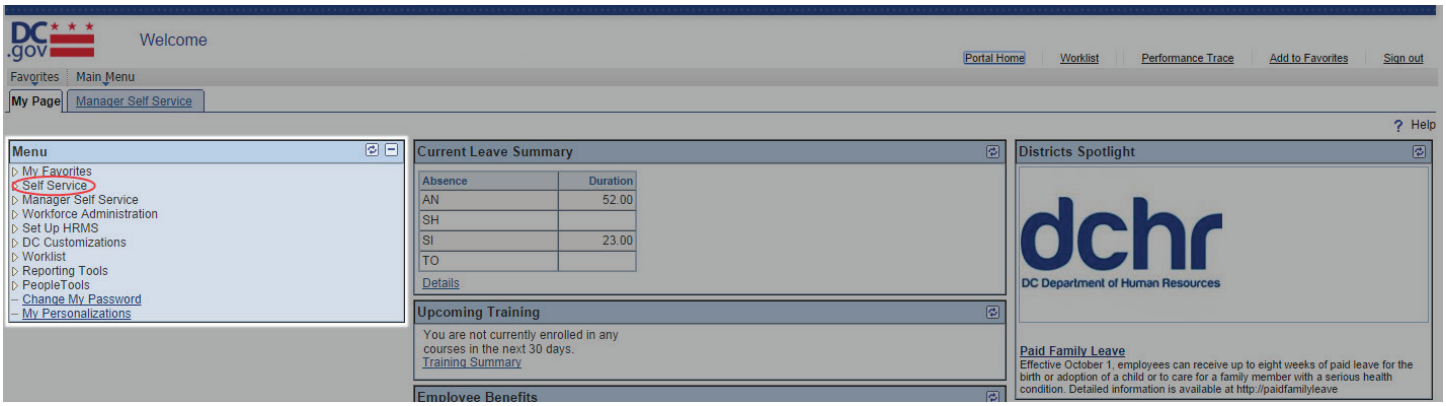
How to Enroll: Instructions

1. Log in to **Employee Self Service** (ESS) at *https://ess.dc.gov*.

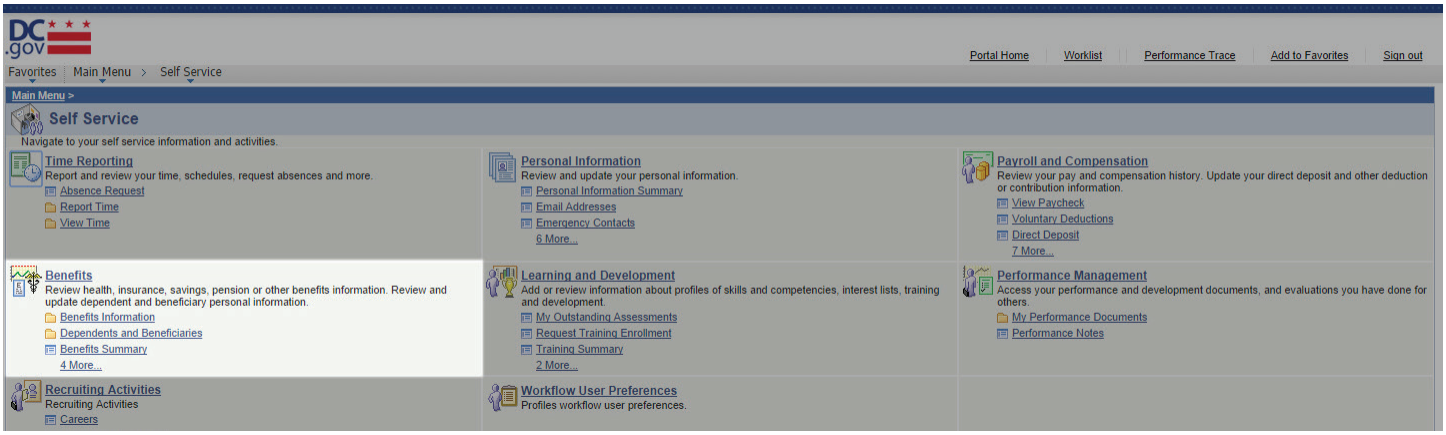
   Please Note: ESS is accessible online through PeopleSoft on *any* computer. Computers are available for employee use at the DCHR Customer Care Center located at 441 4th Street, NW in the lobby of One Judiciary Square.



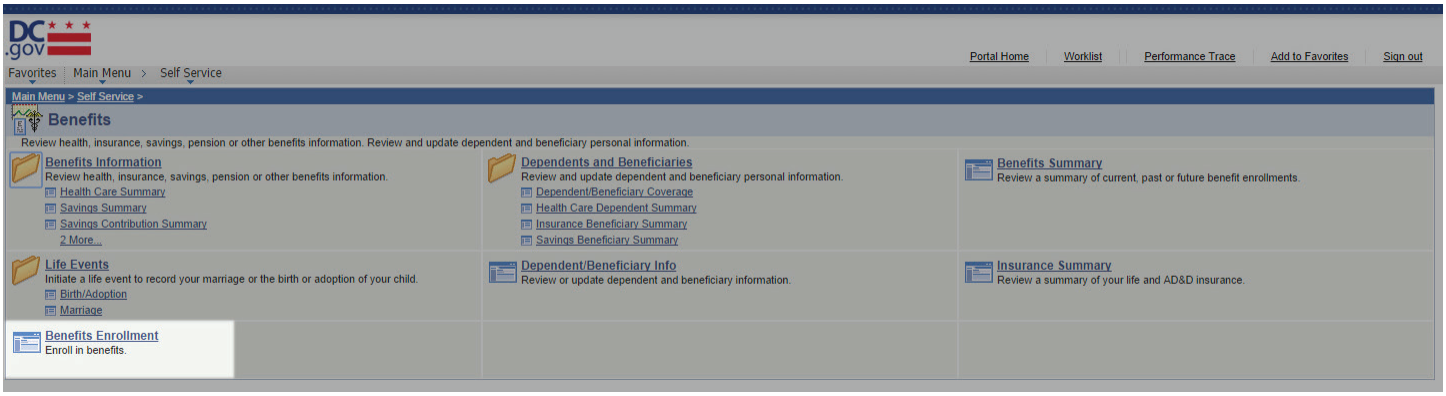
2. From the Main Menu, **select Self Service** under the Menu options on the upper-left side.



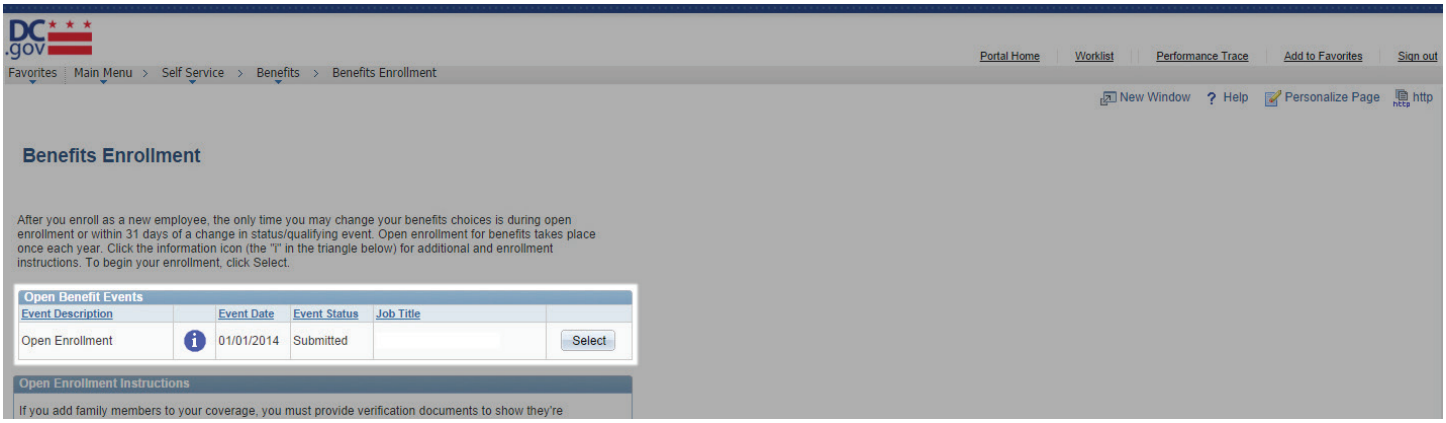
3. On the Self Service page, **select the Benefits option** on the left side, second row.



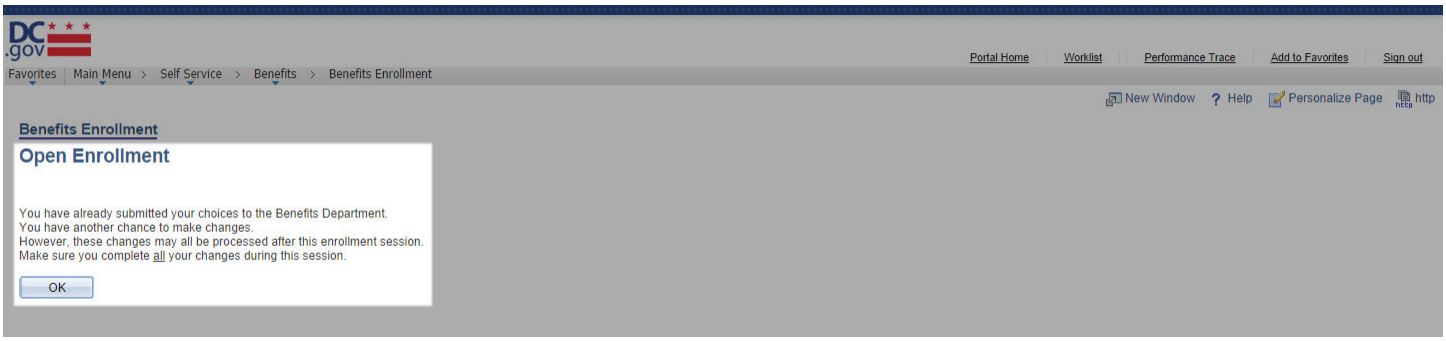
4. On the Benefits page, **select the Benefits Enrollment option** on the left side third row.



5. On the Benefits Enrollment page, **select the Open Enrollment option** listed under the Open Benefits Events Menu.

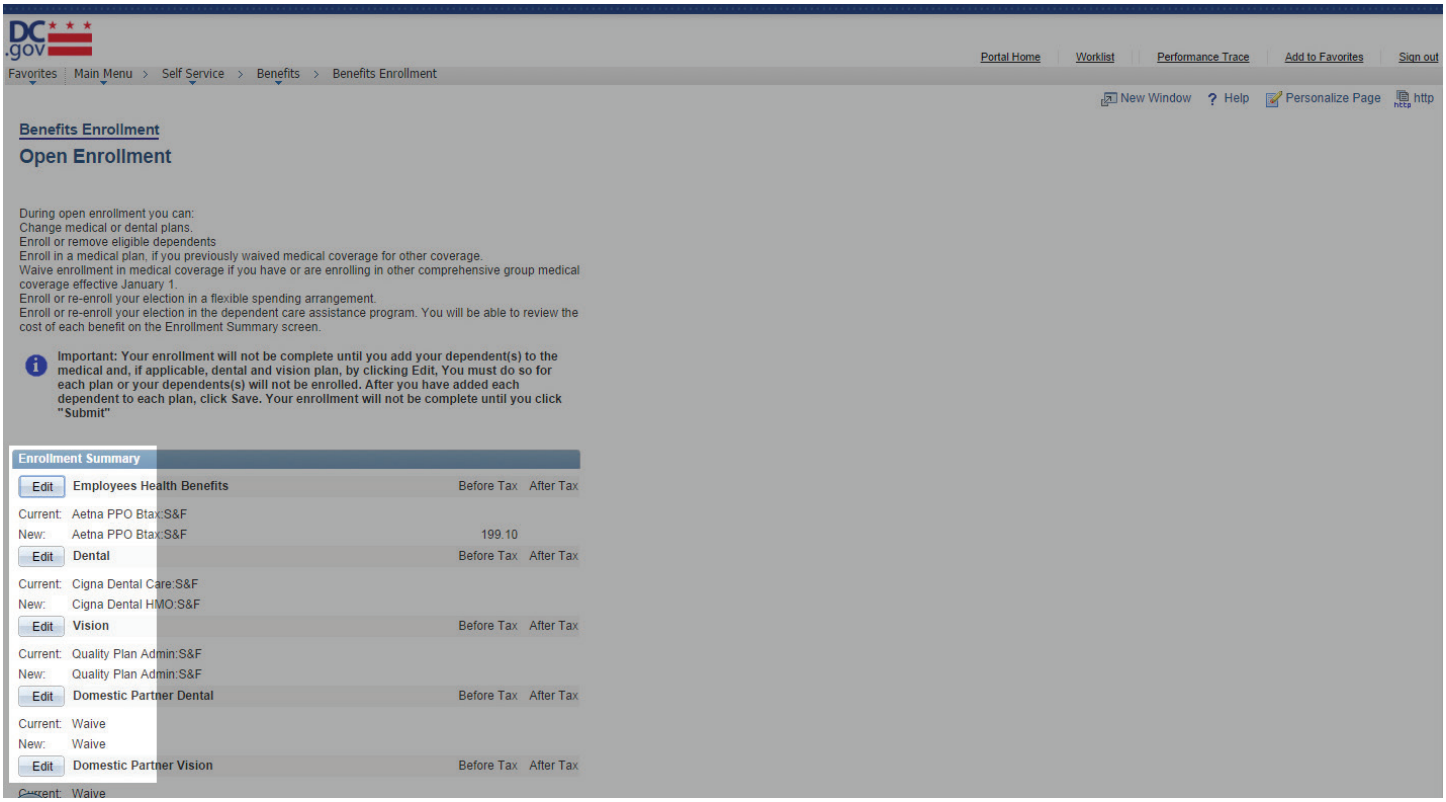


6. You will now be directed to a confirmation page, which will ask you to confirm that you would like to proceed with enrolling in and/or changing your benefits. **If you would like to continue, select OK.**



7. On the Open Enrollment page, you will see your **current Enrollment Summary** (if enrolled previously, it will be populated with your current selections), available enrollment selections and a table that summarizes the estimated costs for your benefit choices.

   To change/enroll in your benefit options, select the Edit button on the left of the benefit.

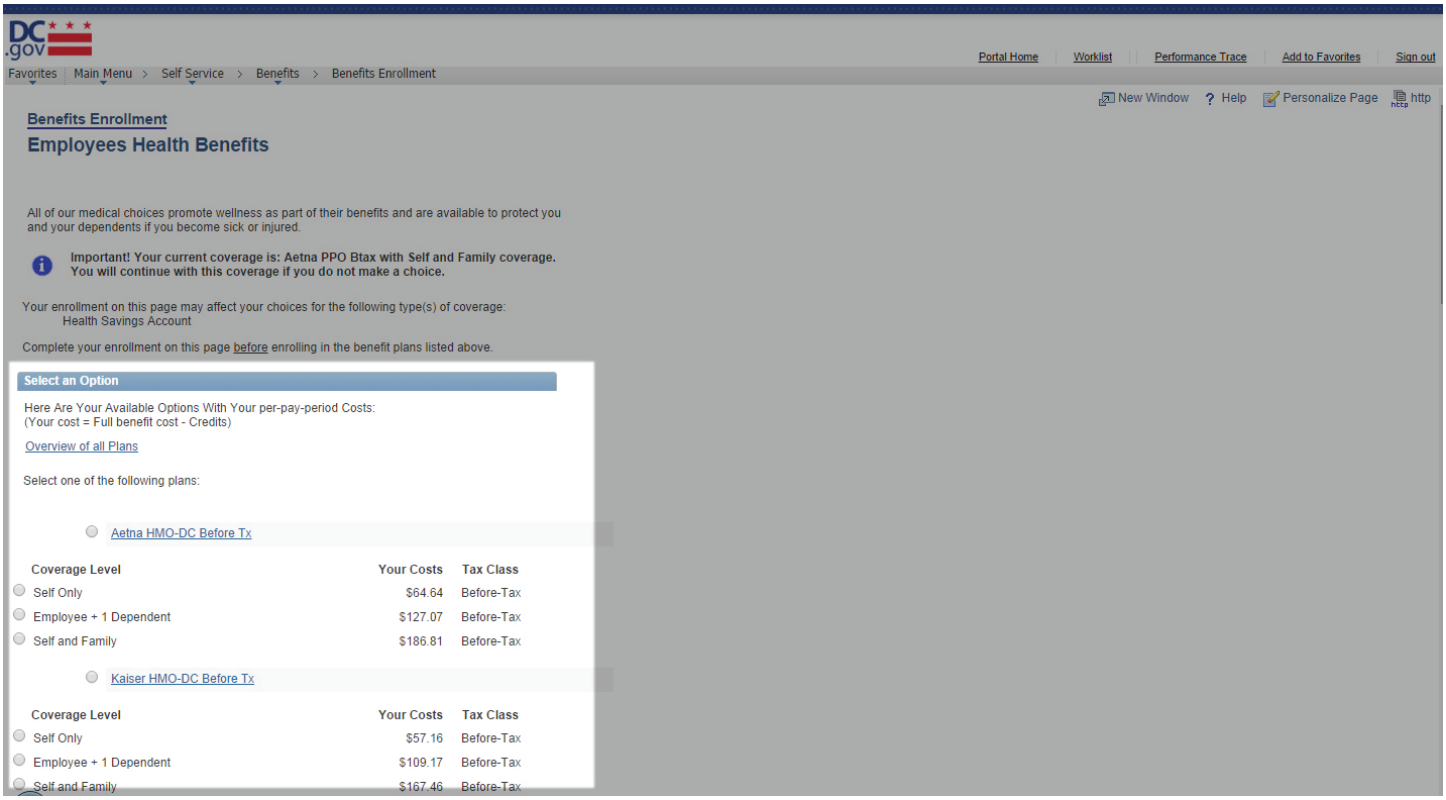


Please Note: The following plans are **not** available through ESS. *See page 12 for enrollment details*.

- **Aflac indemnity plans**, including Cancer Insurance, Hospital Confinement, Personal Sickness, Personal Accident and Specify Health Event
- **529 College Savings Plan occur outside of Employee Self Service**

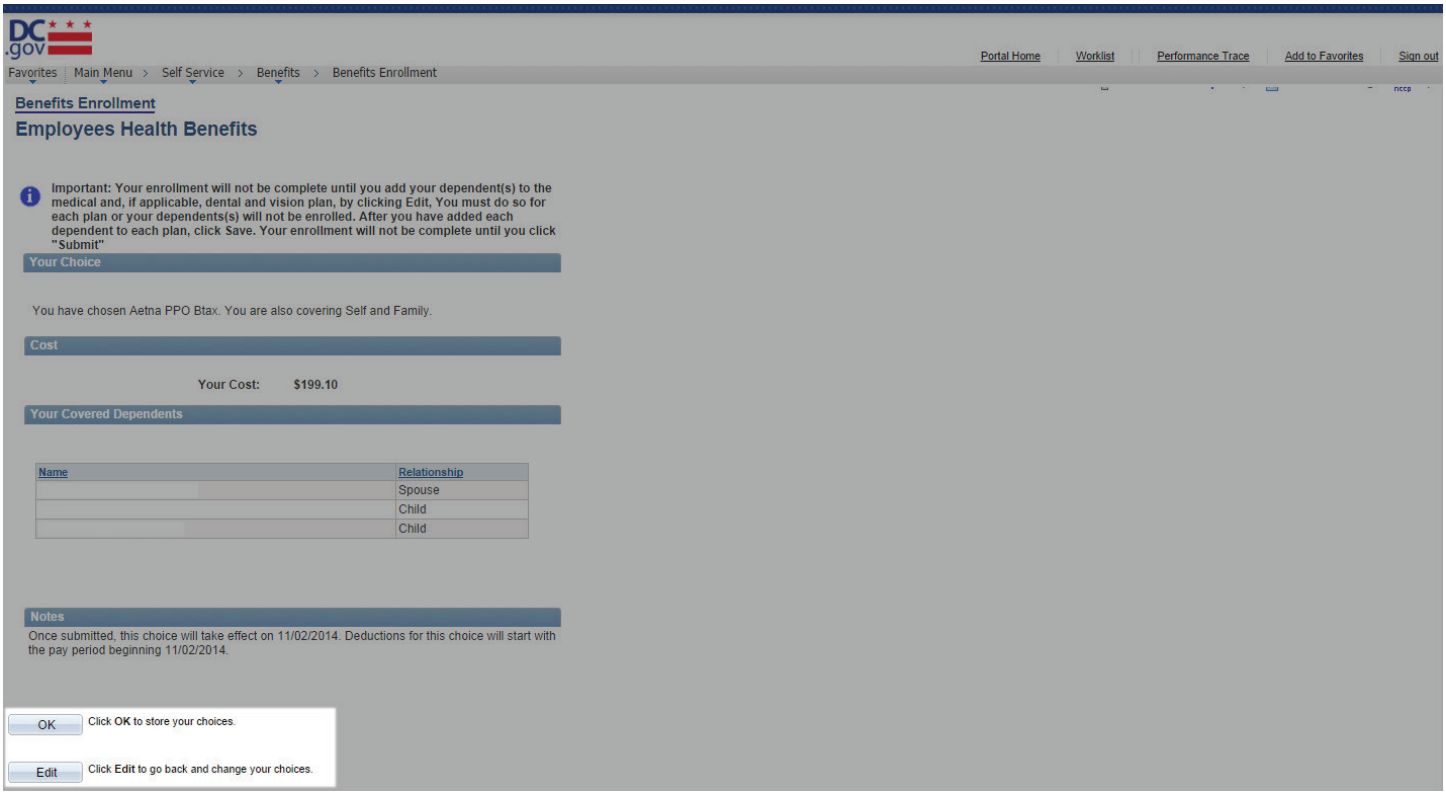
8. **When you select Edit** for any of the available benefit options, you will be taken to a specific page for each option that includes the following:

   - Summary information of current benefits, if applicable
   - Any additional previously enrolled benefits that may be affected by changing your current coverage, if applicable (for example, making changes to your medical coverage may affect your health savings account)
   - A link to an overview of all available plans
   - Available options with your per-pay-period costs
   - Dependent enrollment options
   - Add and/or Review Dependent option

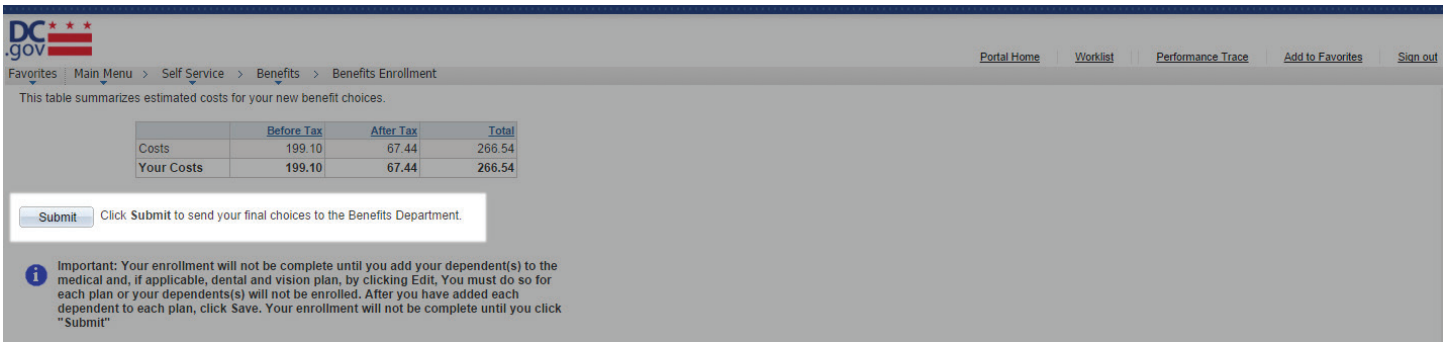


9. **Upon enrolling in and/or making changes**, you will then be given the option to select:

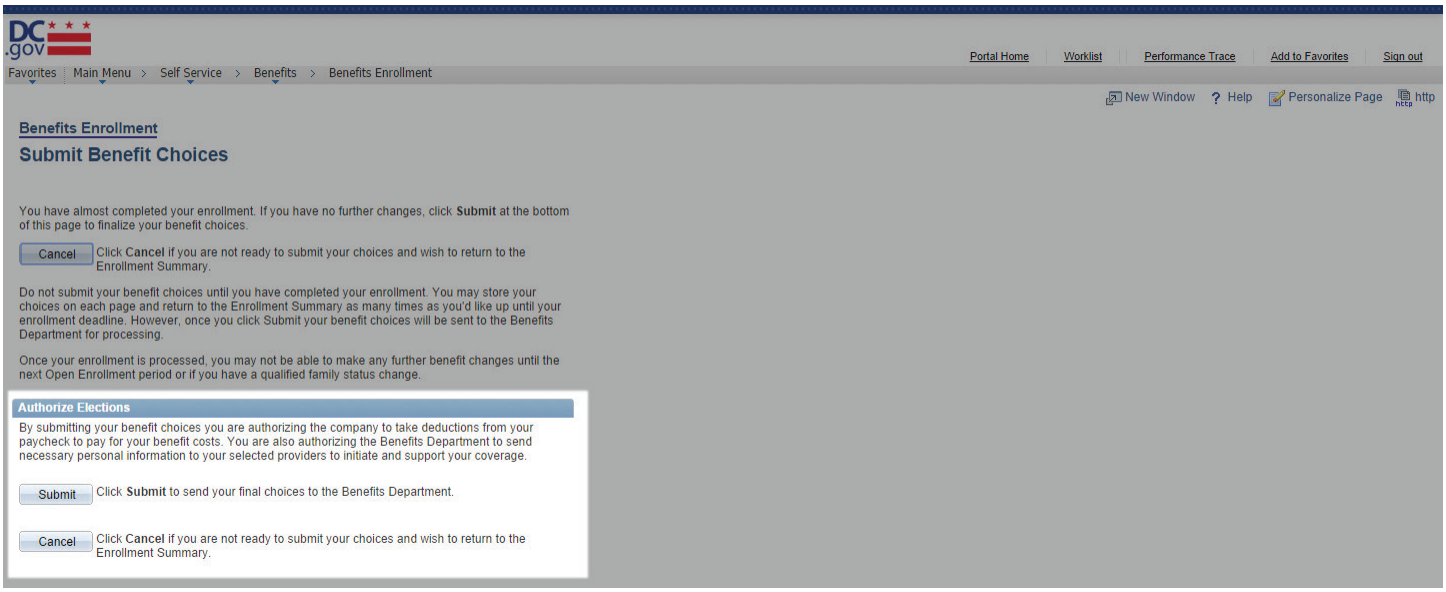
   - **Continue**, which allows you to store your current choice until you are ready to submit your final enrollment on the Enrollment Summary page; or
   - **Cancel**, which ignores all entries made on the page and returns you to the Enrollment Summary.



10. Upon updating and completing all relevant selections, scroll to the bottom of the Open Enrollment page and **select Submit** to send your final choices to the Benefits Department.



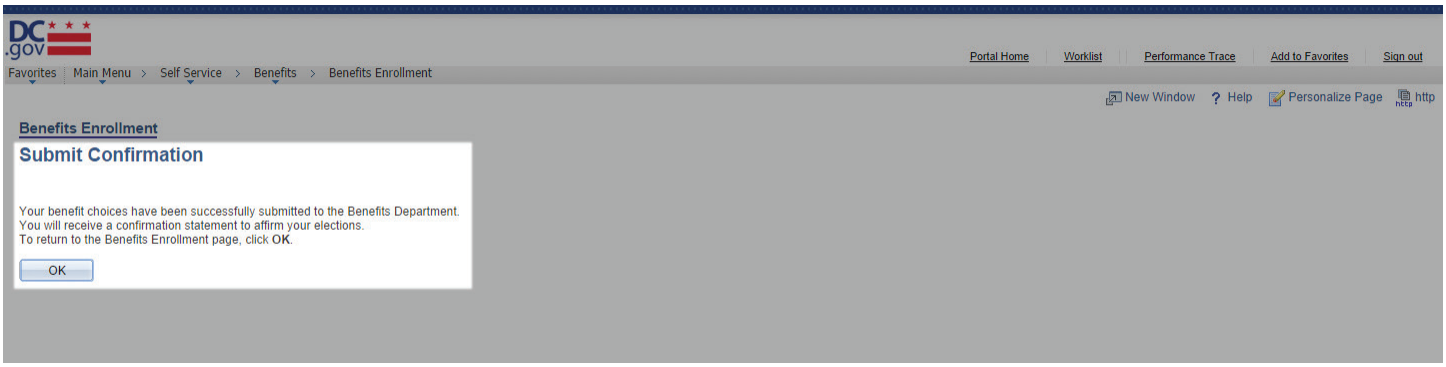
11. Upon selecting Submit, you will be taken to a confirmation page, which will ask you to **select Submit** to authorize your elections or **select Cancel** to return to the Enrollment Summary page.



12. Upon selecting Submit, you will be taken to the **Submit Confirmation page** indicating that your benefit choices have been successfully submitted to the Benefits Department.

Please Note: You will receive an email confirmation statement with your elections. Please print this for your records. If you do not receive an email confirmation, please contact the Benefits Department immediately to confirm your elections were submitted properly.

Select OK to return to the Benefits Enrollment page.



This completes your benefits enrollment!

Please Note: Your enrollment will not be complete until you add your dependent(s) to the medical and, if applicable, dental and vision plan, by clicking Edit. You must do so for each plan or your dependents(s) will not be enrolled. *See page 10 for details on dependents and eligibility*.

Questions? Contact the DCHR Benefits Administration at (202) 442-7627 or *dchr.benefits@dc.gov*.

Dependent Eligibility Verification

If you add family members to your coverage, you are required to provide documentation to verify coverage eligibility for the dependents that you add during the Open Enrollment process. When you enroll online, you must also submit dependent eligibility verification. Failure to comply will result in a cancellation of health care coverage for that dependent.

- You are not required to provide verification for any dependents currently covered by any DC Government health plan.
- **Do not send original documents or the actual certified copy**, which would have a raised seal. A copy of the document with the seal clearly visible is acceptable. Retain the original document(s), as **DCHR will not return the documents you submit**.
- **Each piece of documentation must have the employee's name and the last four digits of their Social Security number**. DCHR has the authority to determine whether the documentation satisfies the Plan's requirements. Any fees associated with obtaining documents are the employee's responsibility.

Please see the following list of dependents and corresponding verification documents:

Spouse (*Provide a copy of one of the following*)

- Most recent year's 1040 Married Filing Jointly federal tax return that lists the spouse (black out financial information and dependents' Social Security numbers)
- Subscriber's and spouse's most recent 1040 Married Filing Separately federal tax return (black out financial information and dependents' Social Security numbers)
- Proof of common residence (example: a utility bill) and marriage certificate*
- Proof of financial interdependency (example: a shared bank statement. Black out financial information) and marriage certificate*
- Petition for dissolution of marriage (divorce)
- Legal separation notice

State-Registered Domestic Partner or Legal Union Partner (*Provide a copy of one of the following*)

- Proof of common residence (example: a utility bill) and certificate/card of state-registered domestic partnership*
- Proof of financial interdependency (example: a shared bank statement. Black out financial information) and certificate/card of state-registered domestic partnership*
- Petition for invalidity (annulment) of domestic partnership or legal union
- Petition for dissolution of domestic partnership or legal union
- Legal separation notice of domestic partnership or legal union

Child(ren) (*Provide a copy of one of the following*)

- Most recent year's federal tax return that includes the child(ren) as a dependent and listed as a son or daughter (black out financial information and dependents' Social Security numbers)
- Birth certificate (or hospital certificate with the child's footprints on it) showing the name of the parent who is the subscriber, the subscriber's spouse, or the subscriber's state-registered domestic partner**)
- Certificate or decree of adoption
- Court-ordered parenting plan
- National Medical Support Notice
- Original Foster child certification and a copy of documentation of regular and substantial support of the child***
- Disabled Child: Medical verification of disability prior to age 26
- Legal Custody: Copy of Court Order granting legal custody
- Step Child: Birth Certificate**, Copy of Marriage Certificate, Divorce Decree or Custody Papers

You can submit one copy of your tax return if it includes all family members that require verification.

**If within two years of marriage or state-registered domestic partnership, then only the marriage certificate or certificate/card of state-registered domestic partnership is required.*

***If the dependent is the subscriber's stepchild, the subscriber must also verify the spouse or state-registered domestic partner to enroll the child, even if not enrolling the spouse/partner in DCEHB and FEHB coverage.*

****More than one of the following proofs may be required to show support of a recognized natural child who does not live with the enrollee in a regular parent-child relationship and for whom a judicial determination of support has not been obtained: evidence of eligibility as a dependent child for benefits under other State or Federal programs; proof of inclusion of the child as a dependent on the enrollee's income tax returns; canceled checks, money orders, or receipts for periodic payments from the enrollee for or on behalf of the child; evidence of goods or services that show regular and substantial contributions of considerable value.*

Dependent Eligibility Verification Form

Attached are documents for:

Employee Name: _____

Last Four Digits of Social Security Number: _____

Employee ID Number: _____

Please **select only one** of the following methods to return this form to the DCHR Benefits and Retirement Administration:

Email

To: *dchr.benefits@dc.gov*

Fax

To: Benefits & Retirement Administration, DC Department of Human Resources

From: _____

Date: _____

Pages: _____

Fax: (202) 727-8478

Phone: (202) 442-7627

Re: Open Enrollment Dependent Eligibility Verication

Inter-Office Mail

Attach this completed form to all documents and send to:

DC Department of Human Resources
Benefits & Retirement Administration
441 4th Street, NW, Suite 340 North
Washington, DC 20001

U.S. Mail

Attach this completed form to all documents and send to:

DC Department of Human Resources
c/o Benefits & Retirement Administration
441 4th Street, NW, Suite 340 North
Washington, DC 20001

How to Enroll in Benefits that are NOT Available through Employee Self Service

The following benefits are available for 2017, but are **not available** for enrollment through Employee Self Service (ESS). Specific enrollment instructions are included with each event.

Indemnity Coverage

Aflac is the District of Columbia Government indemnity plan provider. Available plans include:

- Individual Cancer/Specified-Disease Insurance
- Individual Hospital Confinement Sickness Indemnity Insurance
- Individual Specified Health Event Insurance

To enroll in any of the plans above, please call Aflac at (202) 379-4755 or visit:
https://enrollment.aflac.com/AccountSites/D_F/DCGov/Homepage.aspx

To waive your indemnity coverage, you must complete a cancellation form and submit it to Aflac. Submit your forms via:

Fax: (202) 379-4756

Attn: Aflac Cancellations

Email: *dcgovernment@us.aflac.com*

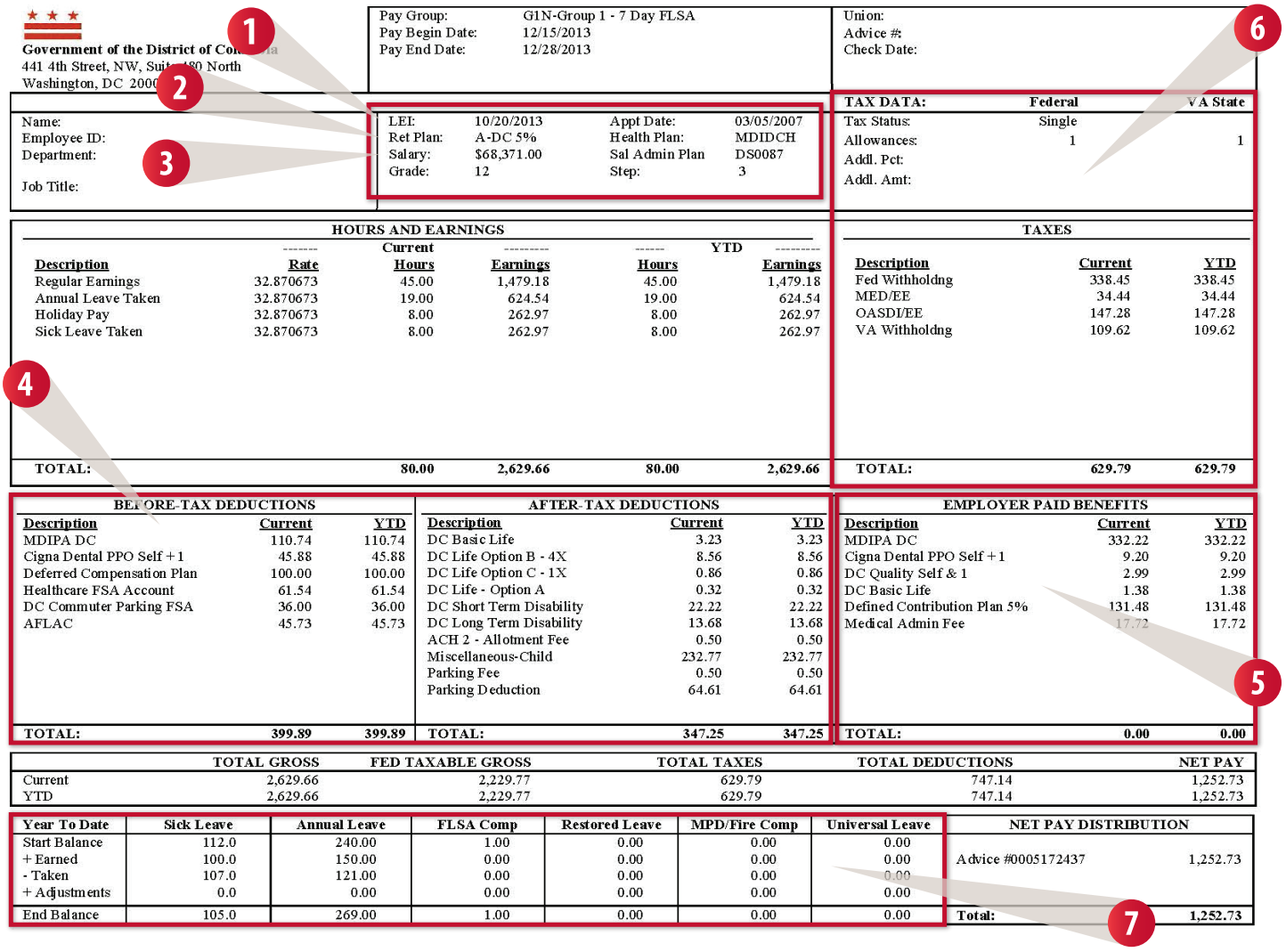
College Savings Plan

The DC College Savings Plan is a section 529 plan created to help families prepare for the substantial cost of higher education. The District of Columbia Government sponsors the plan and Calvert Investments manages it. Investment types include:

- Age-based portfolios
- Single fund investments
- Stability of principal investment

To enroll in any of the plans above, please visit *www.dccollegesavings.com*.

Understanding Your Paycheck



Government of the District of Col
441 4th Street, NW, Suit 80 North
Washington, DC 2000

Pay Group: G1N-Group 1 - 7 Day FLSA
Pay Begin Date: 12/15/2013
Pay End Date: 12/28/2013

Union:
Advice #:
Check Date:

Name:
Employee ID:
Department:
Job Title:

LEI: 10/20/2013 Appt Date: 03/05/2007
Ret Plan: A-DC 5% Health Plan: MDIDCH
Salary: $68,371.00 Sal Admin Plan DS0087
Grade: 12 Step: 3

TAX DATA: Federal VA State
Tax Status: Single
Allowances: 1 1
Addl. Pct:
Addl. Amt:

HOURS AND EARNINGS

Description	Rate	Current Hours	Current Earnings	YTD Hours	YTD Earnings
Regular Earnings	32.870673	45.00	1,479.18	45.00	1,479.18
Annual Leave Taken	32.870673	19.00	624.54	19.00	624.54
Holiday Pay	32.870673	8.00	262.97	8.00	262.97
Sick Leave Taken	32.870673	8.00	262.97	8.00	262.97
TOTAL:		80.00	2,629.66	80.00	2,629.66

TAXES

Description	Current	YTD
Fed Withholdng	338.45	338.45
MED/EE	34.44	34.44
OASDI/EE	147.28	147.28
VA Withholdng	109.62	109.62
TOTAL:	629.79	629.79

BEFORE-TAX DEDUCTIONS

Description	Current	YTD
MDIPA DC	110.74	110.74
Cigna Dental PPO Self + 1	45.88	45.88
Deferred Compensation Plan	100.00	100.00
Healthcare FSA Account	61.54	61.54
DC Commuter Parking FSA	36.00	36.00
AFLAC	45.73	45.73
TOTAL:	399.89	399.89

AFTER-TAX DEDUCTIONS

Description	Current	YTD
DC Basic Life	3.23	3.23
DC Life Option B - 4X	8.56	8.56
DC Life Option C - 1X	0.86	0.86
DC Life - Option A	0.32	0.32
DC Short Term Disability	22.22	22.22
DC Long Term Disability	13.68	13.68
ACH 2 - Allotment Fee	0.50	0.50
Miscellaneous-Child	232.77	232.77
Parking Fee	0.50	0.50
Parking Deduction	64.61	64.61
TOTAL:	347.25	347.25

EMPLOYER PAID BENEFITS

Description	Current	YTD
MDIPA DC	332.22	332.22
Cigna Dental PPO Self + 1	9.20	9.20
DC Quality Self & 1	2.99	2.99
DC Basic Life	1.38	1.38
Defined Contribution Plan 5%	131.48	131.48
Medical Admin Fee	17.72	17.72
TOTAL:	0.00	0.00

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	2,629.66	2,229.77	629.79	747.14	1,252.73
YTD	2,629.66	2,229.77	629.79	747.14	1,252.73

Year To Date	Sick Leave	Annual Leave	FLSA Comp	Restored Leave	MPD/Fire Comp	Universal Leave
Start Balance	112.0	240.00	1.00	0.00	0.00	0.00
+ Earned	100.0	150.00	0.00	0.00	0.00	0.00
- Taken	107.0	121.00	0.00	0.00	0.00	0.00
+ Adjustments	0.0	0.00	0.00	0.00	0.00	0.00
End Balance	105.0	269.00	1.00	0.00	0.00	0.00

NET PAY DISTRIBUTION

Advice #0005172437	1,252.73
Total:	1,252.73

1. **Last Earnings Increase (LEI)**
   - Each paycheck shows your most recent LEI.
   - Your LEI relates to when you received your most recent Within Grade Increase (WIGI); WIGIs occur every year for Steps 1-5 and every two years for Steps 6-10.
2. **Retirement Plan**
   - Indicates your assigned retirement plan.
3. **Salary Information**
   - Shows your Annual Salary, Salary Plan, and Grade and Step level.
   - Your salary is broken down to an hourly rate to calculate pay.
4. **Employee Paid Benefits**
   - Includes two sections: *Before-Tax* and *After-Tax Deductions*.
   - *Before-Tax Deductions* includes: Health Premiums, Dental PPO, Health Savings Accounts, Flexible Spending Health and Dependent Care Accounts, Commuter Benefits and Indemnity Coverage.
   - *After-Tax Deductions* includes: Health Premiums (for employees with domestic partners); Life Insurance; Disability Insurance; Alimony and/or Child Support (if through court order); and Parking.
5. **Employer Paid Benefits**
   - Allows you to see how much the District Government is contributing to your Health, Vision, Dental and Retirement benefits.
   - This section is often confused with employee deductions, but is *only for informational purposes and not deducted from your paycheck.*
6. **Tax Information**
   - *Tax Data* allows you to see your state and federal ling status and number of allowances.
   - *Taxes* allows you to see your year-to-date withholding amounts.
7. **Accrued Leave**
   - Shows your Annual and Sick Leave balances, how much leave you started the year with, how much leave you have accrued to date, how much leave you have used and the total amount of leave available.