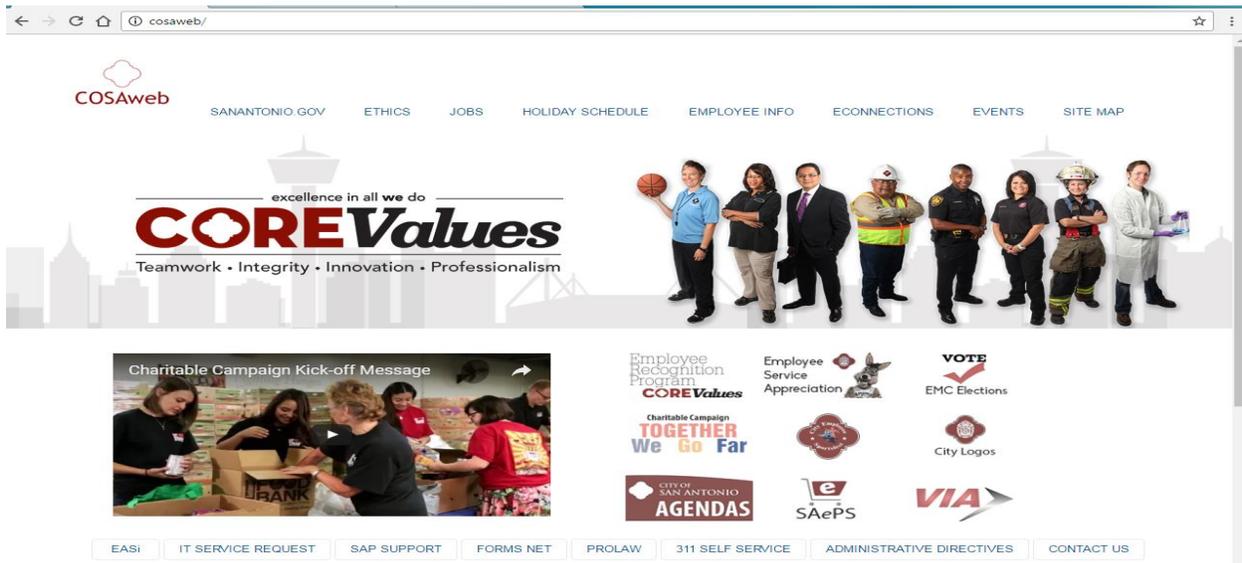


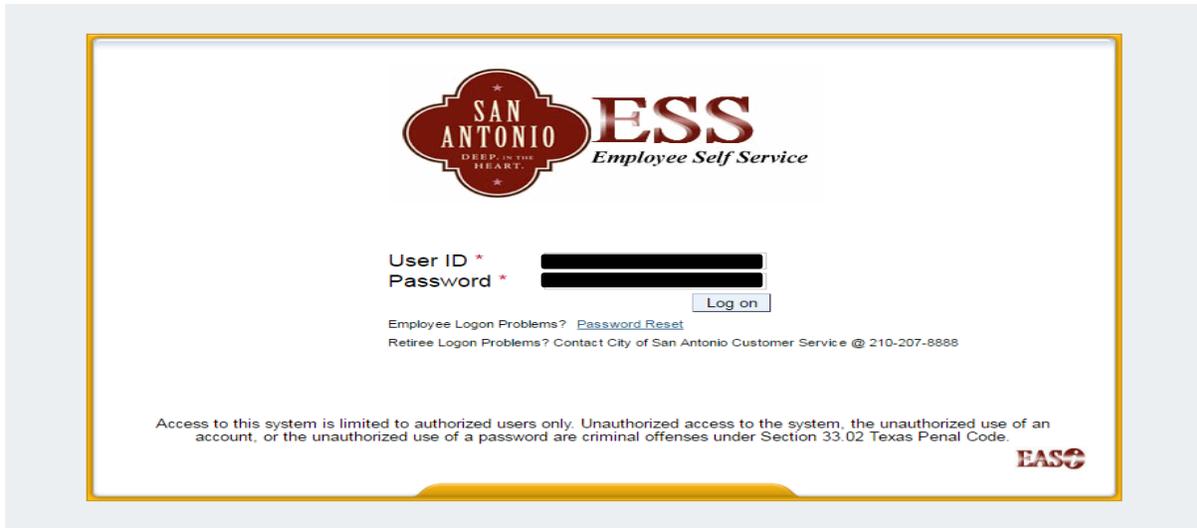
Enrolling in Your 2017 Benefits



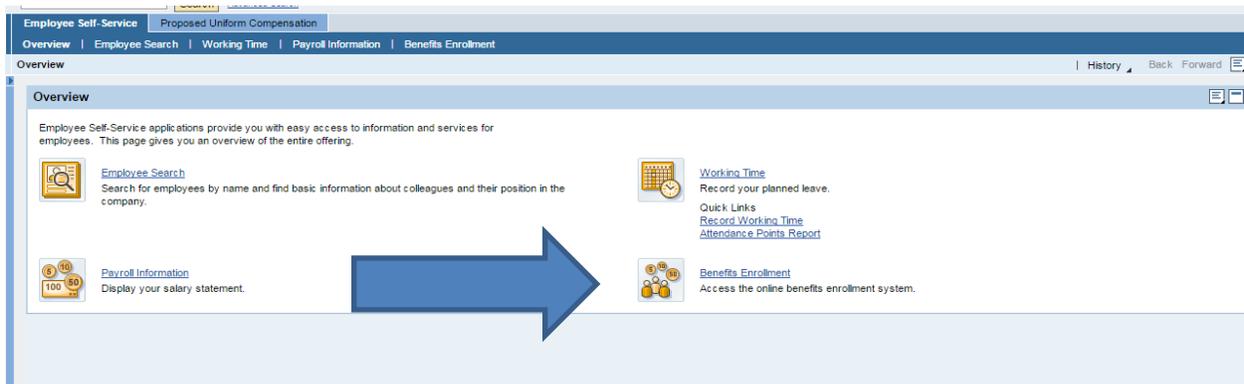
1. Open <http://www.sanantonio.gov/easi/> to access EASI.



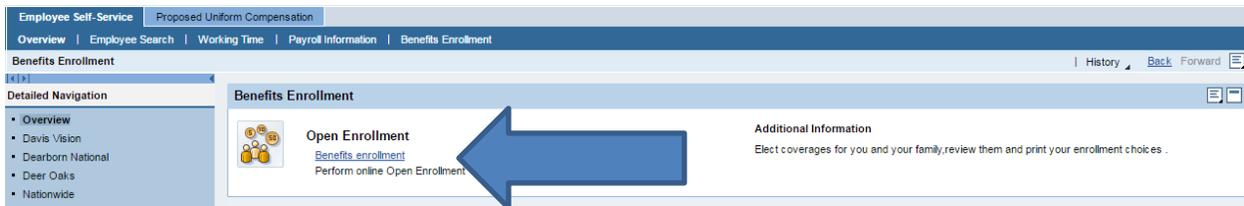
2. Select ESS to enter the Employee Self Service system.



3. Log in to the Employee Self Service system.



4. Begin Benefits Enrollment by accessing the online benefits enrollment link.



5. Continue into the Enrollment Portal.

Benefits Enrollment

City of San Antonio - Benefits Online Enrollment for 2017

Personnel ID	Name	Social Security Number
[REDACTED]	[REDACTED]	[REDACTED]
View Your Current 2016 Benefits Enroll in 2017 Benefits	Review your current Benefits Enroll in your 2017 Benefit Plans	

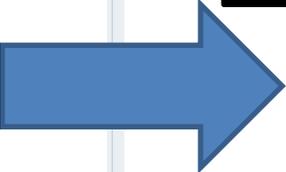


6. Click to enroll in your 2017 benefits.

Benefits Enrollment

City of San Antonio - Benefits Online Enrollment for 2017

Personnel ID	Name	Social Security Number
[REDACTED]	[REDACTED]	[REDACTED]
Address [REDACTED] City [REDACTED] State [REDACTED] Postal Code [REDACTED]		
Primary Phone Number [REDACTED]		(e.g. 2109999999 or 210-999-9999)
Secondary Phone Number [REDACTED]		(e.g. 2109999999 or 210-999-9999)
Is this your current address and phone number?		
<input type="button" value="No, edit address"/> <input type="button" value="Yes"/>		<input type="button" value="Proceed"/> <input type="button" value="Exit"/>



7. Confirm your current address and phone number, or make corrections as needed.

Benefits Enrollment

City of San Antonio - Benefits Online Enrollment for 2017

Personnel ID	Name	Social Security Number
[REDACTED]	[REDACTED]	[REDACTED]
In an effort to continue the City's sustainability goals and enhance service to the City's employees, the City is offering its employees the ability to view and print the 2016 W-2 electronically. For employees that choose this option, their electronic W-2 will be on the self-service website 2 days prior to the paper W-2's being mailed out.		
I choose to retrieve my 2016 W-2 electronically: <input type="checkbox"/>		
I choose NOT to retrieve my 2016 W-2 electronically: <input type="checkbox"/>		
Proceed Exit		

8. Designate your preferred method of receiving your W-2 for 2017.

Benefits Enrollment

City of San Antonio - Benefits Online Enrollment for 2017

Personnel ID **Name** **Social Security Number**
[REDACTED] [REDACTED] [REDACTED]

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE QUESTIONS BELOW

The City of San Antonio is obligated to keep certain records for regular reporting requirements by the Equal Employment Opportunity Commission (EEOC). In order to comply with these requirements, we are requesting that you self-identify your race/ethnicity by choosing amongst the new categories below, which have been provided by the EEOC for mandatory reporting in September, 2017.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, the data will not identify any specific individual.

Ethnic Origin



Anti-Discrimination Notice: It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.
[Proceed Exit](#)

9. Select an option from the drop down menu.

Benefits Enrollment

Personnel ID **Name** **Social Security Number**
[REDACTED] [REDACTED] [REDACTED]

Medical Insurance

Plan Name

None

New Value PPO

Consumer



Select Dependent(s) to be Covered	Relation	Birth Date
<input type="checkbox"/> [REDACTED]	Spouse	[REDACTED]
<input type="checkbox"/> [REDACTED]	Child	[REDACTED]
<input type="checkbox"/> [REDACTED]	Child	[REDACTED]

Coverage: Employee Only Deduction per Paycheck: \$36.00

10. Select a health insurance plan.

Benefits Enrollment

Personnel ID	Name	Social Security Number
[REDACTED]	[REDACTED]	[REDACTED]

Medical Insurance

Plan Name

None

New Value PPO

Consumer

Select Dependent(s) to be Covered	Relation	Birth Date
<input type="checkbox"/> [REDACTED]	Spouse	[REDACTED]
<input type="checkbox"/> [REDACTED]	Child	[REDACTED]
<input type="checkbox"/> [REDACTED]	Child	[REDACTED]

Coverage: Employee Only Deduction per Paycheck: \$36.00

11. Employees must select their dependents for coverage in 2017. Please select your eligible dependents for coverage before proceeding with enrollment. If you do not select your dependents they will not have coverage. To add dependent(s), contact Human Resources Customer Service at (210) 207-8705.

Benefits Enrollment

Health Insurance Plans	Plan Name	Coverage Level	Employee Cost
Medical Active	New Value PPO	EE+Spouse&Child(ren)	[REDACTED]
Dental Active	Delta Care HMO	Employee Only	[REDACTED]
Vision Active	Davis Vision	Employee Only	\$3.92

Life and Disability Insurance Plans	Plan Name	Coverage Amount	Employee Cost
Additional Life	Add. Life Ins	\$131,000.00	\$17.69
Additional LTD	COSA Add. Long	\$26,020.20	\$7.59
Dep Life Ins	Dependent Life		\$2.00
Basic AD&D	Basic AD&D Insu	\$44,000.00	\$0.00
Basic Life Ins	Basic Term Life	\$44,000.00	\$0.00

Tobacco

Tobacco Surcharge: \$0.00

Dependents	Dep No.	Relation	Name	SSN	Birth Date	Coverage
	1	Spouse	[REDACTED]	[REDACTED]	[REDACTED]	Medical Active
	2	Child	[REDACTED]	[REDACTED]	[REDACTED]	Medical Active
	3	Child	[REDACTED]	[REDACTED]	[REDACTED]	Medical Active

Total Deduction per Paycheck: \$276.03
Estimated Annual Cost: \$6,624.72

<<Back Next>> Exit

Return to Plan Selection Page to Revise Selections. Proceed with Benefits Enrollment Exit-Do Not Save Changes

12. Confirm your health insurance plan and coverage level.

Benefits Enrollment

City of San Antonio - Benefits Online Enrollment for 2017

Personnel ID	Name	Social Security Number
[REDACTED]	[REDACTED]	[REDACTED]

Enrollment Signature and Payroll Deduction Authorization for [REDACTED]

I understand authorization must be completed before 2017 Benefits Selections are saved in the system. I have read the 2017 Benefits Guide. I hereby make my election of benefits for 2017 and understand that my elections cannot be changed once the open enrollment period closes. I further understand that I can only make future changes if I incur a qualifying life change(i.e. newborn, adoption, marriage, divorce). The change can be made at the Human Resources Employee Benefits Office or through my Human Resources Specialist and only within 31 calendar days of a qualifying life change.

I have read the above information and authorize payroll deductions that may result from my elections and tobacco certification. I swear or affirm that the information I have provided for the purpose of receiving health benefit coverage is true and correct, and I understand that knowingly providing false information may result in loss of coverage, discipline, and criminal prosecution.

You must check both boxes here to certify your benefits selection:

I agree with the 2017 benefits selections and authorize bi-weekly payroll deductions in the amount of the reflected premium selected as well as a monthly \$40.00 tobacco surcharge if I am a tobacco user. Tobacco Surcharge is only applicable to employees certifying as tobacco users.

I authorize premium deductions, in the form of payroll deductions from my bi-weekly paycheck, in the amount of any unpaid premium that may occur during any nonpay status, once my pay resumes in accordance with AD 8.6, Correction Payment.

Enter your name as it appears on the top of this page to certify enrollment:

Return to Plan Selections Page. Exit-Do Not Save Changes

13. Complete the acknowledgment of benefits to complete your enrollment. You will not be able to finish enrollment until this section is complete.

Benefits Enrollment

City of San Antonio - Benefits Online Enrollment for 2017

Personnel ID	Name	Social Security Number
[REDACTED]	[REDACTED]	[REDACTED]

To receive your Benefits Confirmation Form by email, enter your email address and click on the Send Email button.

Enter email address:

To view and print your Benefits Confirmation Form, click on the button below:



14. Print and/or email your confirmation forms for your personal records.