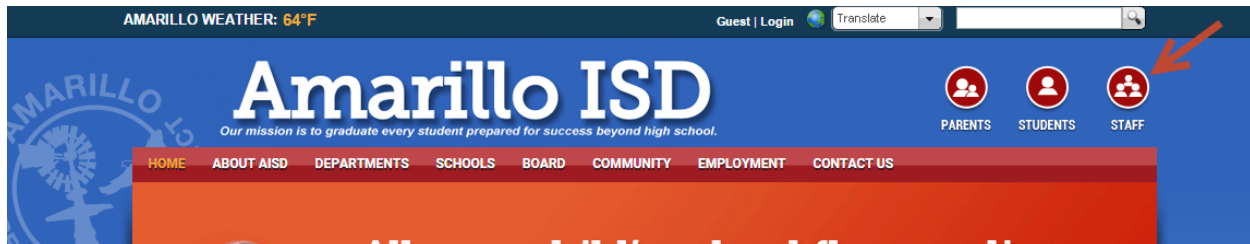




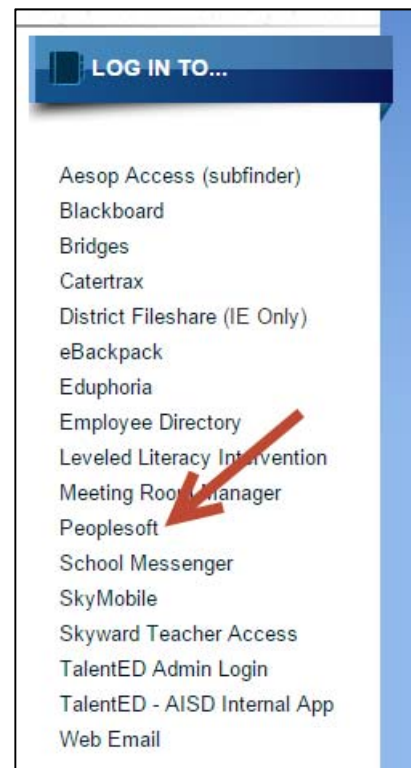
PeopleSoft

GETTING STARTED

1. Go to www.amaisd.org . Once there, click on the STAFF quick link.



2. Scroll down and find the PeopleSoft Application Login on the right side of the screen.



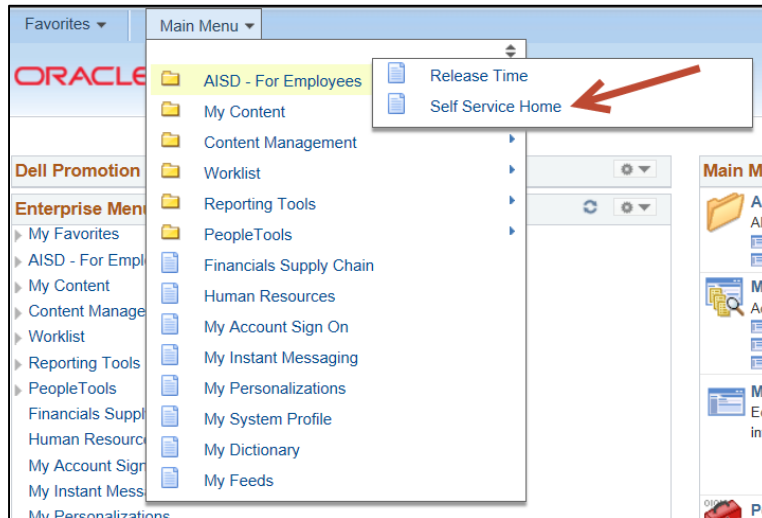
3. Enter your same USERNAME and new PASSWORD in the PeopleSoft Login Screen



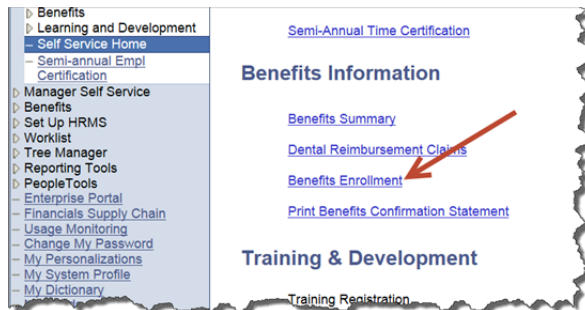


Online Benefits Enrollment Instructions

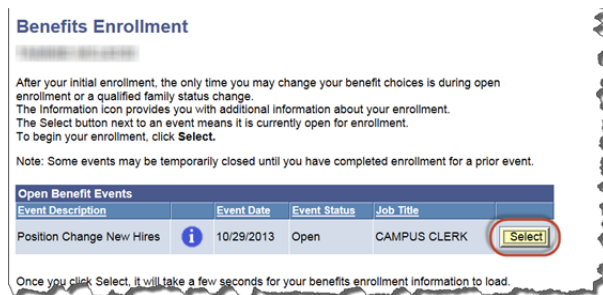
1. Once you are logged in, go to: AISD - for Employees>Self Service>Self Service Home



2. Select Benefits Enrollment



3. Click the select button





(Benefits Enrollment – continued)

ELECTING YOUR BENEFITS

First, you will need to review your Benefit information in this booklet to determine the coverage and cost for each benefit you are eligible for.

Wellness Incentives

○ **Tobacco Affidavit**

In this section of enrollment, you will need to make an election if you or spouse (if covered on the plan) use tobacco according the guideline presented online.

Tobacco Affidavit

AISD provides a Non-Tobacco User incentive for Employees on the health insurance plan who meet the definitions provided below. This incentive is equivalent to \$300 per plan year and will be applied as a credit to your medical insurance premium.

Tobacco Users Are Defined As - A person who has used a tobacco product five or more times in the past three consecutive months.

Tobacco Products Are Defined As - cigarettes, cigars, pipe tobacco, chewing tobacco, snuff, dip, or any other product containing tobacco.

By selecting one of the options below, I certify the truth and my understanding of the following:

- I understand what is considered a "Tobacco User" as defined above.
- I understand what is considered "Tobacco Products" as defined above.
- I understand if I fail to complete this Affidavit truthfully, AISD will terminate my premium incentive credit and retroactively recover credits already provided. It is understood that that if I intentionally misrepresent myself as a "Non-Tobacco User" it may disqualify me from continued medical insurance coverage by AISD.

○ By checking this box, I certify that myself and/or my spouse are Tobacco User(s) (per the definition stated above).

● By checking this box, I certify that myself and/or my spouse are not Tobacco User(s) (per the definition stated above).

○ **Biometric Screening Participation**

In this section, you are electing that you will complete the online Health Assessment through www.bcbstx.com when you receive you insurance card to receive a wellness premium credit.

Biometric Screening Participation

AISD provides a Biometric Screening Program participation incentive for Employees on the health insurance plan. This incentive is equivalent to \$108 per plan year and will be applied as a credit to your medical insurance premium.

Biometric Screening Participant Is Defined As - A an employee who is on the District's Medical Insurance Plan and:

- Attends a scheduled screening time and participates in the screening process.
- Completes the Health Assessment online through Blue Cross Blue Shield.
- I understand if I fail to complete the Biometric Screening Processes; AISD will terminate my premium incentive credit effective October 1st.

○ By checking this box, I certify that I choose not to participate in the Biometric Screening Program and understand I will not receive the incentive credit.

● By checking this box, I certify that I will participate in the Biometric Screening Program and will receive the incentive credit.

Benefits Overview

Select the benefit you wish to make changes to. Once you have elected the benefit, make the appropriate elections in the screen and follow the directions.

Enrollment Summary			
		Before Tax	After Tax
Edit	Medical		
Current:	No Coverage		
New:	High Ded BSA Before Tax Mnthly:Empl Only	39.00	
Edit	Dental	Before Tax	After Tax
Current:	No Coverage		
New:	Dental Reimb Before Tax Mnthly:Empl Only	19.00	
Edit	Vision	Before Tax	After Tax
Current:	No Coverage		
New:	No Coverage		
Edit	Supplemental Life	Before Tax	After Tax
Current:	No Coverage		
New:	Waive		
Edit	Life and AD and D	Before Tax	After Tax
Current:	No Coverage		
New:	No Coverage		
Edit	Dependent Life	Before Tax	After Tax
Current:	No Coverage		
New:	Waive		
Edit	Long-Term Disability	Before Tax	After Tax
Current:	No Coverage		
New:	LongTerm Disability 40% Mthly: 40.00% of Salary		



(Benefits Enrollment – continued)

ADDING DEPENDENTS

At the bottom of Medical, Dental and Vision you may enter dependents/spouse in order to add to them you to your coverage. Based upon the dependents/spouse selected, your benefits election will reflect the Tier of coverage.

To add a dependent, click the Add/Review Dependents button on the benefit page

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Enroll	Name	Relationship
<input type="checkbox"/>		

Add/Review Dependents

Then, click the “Add a dependent or beneficiary link”

Enrollment Dependent/Beneficiary Summary

The people listed below may be eligible for Benefit Coverage. Please click on a name to view or modify their personal information.

[Add a dependent or beneficiary](#)

No Dependents on Record

In addition to the persons listed above, the following can also be allocated to as beneficiaries.

No Beneficiaries on Record

[Return to Event Selection](#)

OK Cancel Apply

Adding information for your Dependent/Spouse

Personal Information

*First Name:
 Middle Name:
 *Last Name:
 Name Prefix:
 Name Suffix:
 *Gender: Male Female
 Date of Birth:
 *SSN: (Social Security Number)
 *Relationship to Employee:

Status Information

*Marital Status: Single Married Divorced Widowed
 As of:
 As of:
 As of:
 As of:

Address and Telephone

Same Address as Employee
 Country: United States
 Address: 3436 AMHERST DRIVE
 AMARILLO, TX 79109

Same Phone as Employee
 Phone:
 * Required Field

Save

Be sure to click “Save” for each dependent/spouse added.

You will need to click “Return to Dependent/Beneficiary Summary” in order to add additional dependents.

Enrollment Dependent/Beneficiary Summary

The people listed below may be eligible for Benefit Coverage. Please click on a name to view or modify their personal information.

[Add a dependent or beneficiary](#)

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled
John Doe	Spouse	10/01/1975	Married	07/01/2005	No	<input type="checkbox"/>

In addition to the persons listed above, the following can also be allocated to as beneficiaries.

No Beneficiaries on Record

[Return to Event Selection](#)

IF YOU MAKE AN ERROR ON THE DEPENDENT INFORMATION, PLEASE CONTACT THE BENEFITS OFFICE FOR CORRECTIONS



(Benefits Enrollment – continued)

Check the box next to the dependents/spouse you wish to add to the plan and click continue to finalize you elections for the particular benefit.

Benefits Enrollment

Submit Benefit Choices

You have almost completed your enrollment. If you have no further changes, click **Submit** at the bottom of this page to finalize your benefit choices.

Cancel Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you click **Submit** your benefit choices will be sent to the Benefits Department for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

Authorize Elections

By submitting your benefit choices you are authorizing the company to take deductions from your paycheck to pay for your benefit costs. You are also authorizing the Benefits Department to send necessary personal information to your selected providers to initiate and support your coverage.

Last 4 digits of SSN Last Name

Date/Time Last Updated

Submit Click **Submit** to send your final choices to the Benefits Department.

Cancel Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Enroll Your Dependents

The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, click **Add/Review Dependents** to determine why they are not eligible. You may also use this button to add new dependents to your list.

You may enroll any of the following individuals for coverage under this plan by checking the **Enroll** box next to the dependent's name.

Enroll	Name	Relationship
<input type="checkbox"/>	John Doe	Spouse

Add/Review Dependents

Continue Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

At the end of each benefit section, you will be able to review those who are covered and the cost. You will use the same dependent/spouse entry method under the life insurance plans

in order to elect your benefits and percentage each person receives.

SUBMITTING BENEFIT ELECTIONS

Once you have completed your benefits elections, you may scroll down and **Submit** your elections.

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Costs	408.00	0.00	408.00
Your Costs	408.00	0.00	408.00

These costs do not include certain choices that are based on variable earnings.

You have indicated that neither you or nor your spouse is a Tobacco User. You will be provided a **\$300 per year credit to offset the cost shown above.

You have indicated that you will participate in the Biometric Screening Program. You will be provided a **\$108 per year credit to offset the cost shown above.

Submit Click **Submit** to send your final choices to the Benefits Department.

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

NOTE: IF YOU DO NOT CLICK SUMBMIT AND COMPLETE THE FOLLOWING VERIFICATION PAGE, YOUR ELECTIONS WILL NOT BE SAVED AND BENEFITS WILL BE DEFAULTED TO THE BASE PLAN.