eBenefits

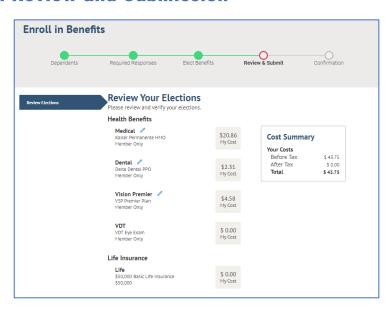
Election Review and Submission

Review your choices!

After entering your elections on the previous screens, you can review your choices on **Review Your Elections** with cost summary.

If you accidently enrolled in the wrong plan, click the **Pencil icon** next to that plan to make a change.

If your elections are correct, scroll to the bottom of the page and click the **Continue** button.



Enroll in Benefits Submit Elections You have almost completed your errollment. If you have no further changes, select the Submit button on this page to finalize your benefit choices. Select the Go Back button if you are not ready to submit; your choices and wish to return to the Errollment Summary. Do not submit your benefit choices. Select the Go Back button if you are not ready to submit; your choices and wish to return to the Errollment Summary as many times as you dill be up until your errollment deadline. However, once you select the Gobmit button 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 fivrither benefit changes until the next Open Errollment period or if you have a qualified family status change. By submitting your benefit choices you are authoring San Francisco Health Service System to deduct your premium contributions from your wages. You are also authorizing San Francisco Health Service System to send necessary personal information to selected insurance carriers to complete your enrollment. Your enrollment will not be complete until your submissions have been reviewed and confirmed by San Francisco Health Service System. If you have selected the Kaiser plan, by submitting your enrollment, you are agreeing to Kaiser Neath Plan Arbitration afgreement: I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure or the ERISA claims procedure regulation, and any other claims that cannot be subject to binding arbitration under governing law) any dispute between myself, my helist, relatives, or cheir associated parties on the one hand falser Foundation Health Plan, Inc. (IGFIPI), any contracted health care providers, administrators, or other associated parties on the one handing arbitration under cultimore improperly, negligently, or incompetently rendered, for premise is builties, or relative on membership in KFRIF langer your day arrising out of or related

Time to Submit!

Please read the legal disclaimer, then click the **Submit** button at the bottom to submit your elections.