

## Change in Employment

### 1. Bring up the employee record in Enrollment Management.

**OEBB**  
BENEFIT BOARD

- System Codes
- Address Setup
- Contact Setup
- Security Setup
- Plan Management
- Contact Management
- Enrollment Management
  - Enrollments
  - Unsaved Enrollments
  - Termination Approval
  - Affidavit Fulfillment
  - Email Notifications
  - Member QSC Request(0)
- Enrollment Requests
- Member Management
- Document Management
- Utilities
- Home Page Alerts
- Reports
- Payroll Interface
- Report Mart
- BHS Interface

**Enrollments**

Quick Search  
 ID: E00171056    Last Name: Brady    First Name: Carol

Save    Reset    Active    History    History Detail    OE History

E-Benefit Summary    Benefit Summary    Member IDs    Member Info    Dependents    Case Notes    Other Group Cov.    **Employment**

QSC Events    Reinstate All    Term All    Beneficiaries    Healthy Futures

Summary for employee of Salem-Keizer SD 24J (Open Enrollment)

Plan Type/Plan Name	Coverage Tier	Enr Type	Cov. Eff. Date	End Date	Dependents	
					Greg	Marcia
<b>Medical</b> Moda Medical Plan C Statewide - Composite	Employee & Children	O	10/01/2014		✓	✓
<b>Vision</b> Moda Vision Plan 4 - Composite	Employee & Children	O	10/01/2014		✓	✓
<b>Dental</b> ODS Dental Plan 6 - Composite	Employee & Children	O	10/01/2014		✓	✓
<b>Basic Life</b> Plan 8 Basic Life-\$35,000	Employee Only - \$35,000	O	10/01/2009			
<b>Basic Accidental Death and Dismemberment</b> Plan 8 Basic AD&D-\$35,000	Employee Only - \$35,000	O	10/01/2009			
<b>Optional Employee Accidental Death and Dismemberment</b> Optional Employee AD&D	Optional Employee AD&D - \$500,000	O	10/01/2014			
<b>Optional Child Accidental Death and Dismemberment</b> Optional Child AD&D	Child AD&D - \$10,000	O	10/01/2014			
<b>Short Term Disability - Voluntary</b> Plan 7-Short Term Disability (Voluntary)-30 Day Elimination/60 Day@60%	Short Term Disability - 30 Day Elimination/60 Day@60%	O	10/01/2014			
<b>Long Term Disability - Mandatory</b> Plan 17-Long Term Disability (Mandatory/Employee)-90 Day@60%	Long Term Disability - 90 Day@60%	O	10/01/2009			
<b>Optional Employee Life Declined</b>			10/01/2014			
<b>Optional Child Life Declined</b>			10/01/2013			

### 2. Click on the Employment button as shown above.

Home | Contact Us | Help | Logout    User: Radish-oebb admin Debbie    Monday, November 24, 2014

**Employments**

Member: Carol Brady

Institution Number	Employment Type	Member Type	Transaction	Emp Type/Mem Type Termination Reason Type	Termination
2142	Licensed-Full Time	OSEA - Salem-Keizer	08-17-2006	Change in Employment	06-30-2008
2142	Licensed-Full Time	OSEA - Salem-Keizer	07-01-2008		

Add    Back to Enrollments

### 3. Click on the Institution Number as shown above.

# MyOEBB – Change in Employment

Home | Contact Us | Help | Logout User: Radish-oebb admin Debbie

**Employment**

Member : Carol Brady

**Educational Entity**

Name Institution Number  
Salem-Keizer SD 24J 2142

**Types**

Member  
OEA - Salem-Keizer

Employment  
Licensed-Full Time

Emp Type/Mem Type Termination Reason Payment Type  
ACH Credit

**Dates**

Original Hire Emp/Mem Type Change Termination Benefits Paid Through  
08-17-2006 07-01-2008

**Details**

Lead Agency  Waived Benefits

Save Delete Search Reset Back to Enrollments **Change Employment** Salary

4. Click on the Change Employment button as shown above.

**Employment**

Member : Carol Brady

**Educational Entity**

Institution Number Name  
2142 Salem-Keizer SD 24J

**Types**

Change Member Type  
Non Represented - Salem-Keizer

Employment Type  
Administrator Licensed-Full Time

Emp Type/Mem Type Change Date Coverage End Date for Previous Employment Payment Type  
11-24-2014 11-30-2014 ACH Credit

**Salary Details**

Salary Type ANNUALLY Salary  
Annually Salary - Monthly Payroll Freq 45000.00

Salary Eff Date Hours Worked  
12-01-2014

Save Reset Back

5. Change the Member Type and the Employment Type as shown above. Click on Emp Type/Mem Type Change Date (this is the date employment is changed). Enter the date you want the coverage benefits to end at the Previous Employment Type in the “Coverage End Date for Previous Employment” box. Enter the Salary Details as shown above.

# MyOEBB – Change in Employment

**Employment**

Member : Carol Brady

**Educational Entity**

Institution Number: 2142      Name: Salem-Keizer SD 24J

Message from webpage

This will terminate the current enrollments, if any. Do you want to continue?

OK      Cancel

**Salary Details**

Salary Type: ANNUALLY Salary

Annually Salary - Monthly Payroll Freq:      45000.00

Salary Eff Date: 12-01-2014      Hours Worked:

Save      Reset      Back

6. Click Save. Verify the Coverage End Date is the date that you want the benefits to end. If correct, click OK.



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  - Affidavit Fulfillment
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Member has active QSC.

Quick Search

ID: E00171056      Last Name: Brady      First Name: Carol

Save      Reset      Active      History      History Detail      OE History

E-Benefit Summary      Benefit Summary      Member IDs      Member Info      Dependents      Case Notes      Other Group Cov.      Employment

QSC Events      Reinstate All      Term All      Beneficiaries      Healthy Futures

Summary for employee of Salem-Keizer SD 24J (QSC)

Plan Type/Plan Name	Coverage Tier	Enr Type	Cov. Eff. Date	End Date	Dependents
Medical					Greg      Marcia
Vision					
Dental					
Basic Life					
Optional Employee Life					
Optional Child Life					
Basic Accidental Death and Dismemberment					
Optional Employee Accidental Death and Dismemberment					
Optional Child Accidental Death and Dismemberment					
Short Term Disability - Voluntary					
Long Term Disability - Voluntary					
Employee Long Term Care (Voluntary-Employee Paid)					

Coverage Under Salem-Keizer SD 24J (OEA - Salem-Keizer / Licensed-Full Time)

**7. Benefits will end and a QSC is already created as shown above. Click on Medical.**

**My Medical Coverage Options**

Summary for employee of Salem-Keizer SD 24J (QSC)

QSC being used

Change in Employment Status by Employee

New Coverage Start Date

12/01/2014

Eligible Plans

- Kaiser Medical Plan 1 - Composite
- Kaiser Medical Plan 2 - Composite
- Kaiser Medical Plan 3 - Composite
- Moda Medical Plan A Statewide - Composite
- Moda Medical Plan B Statewide - Composite
- Moda Medical Plan C Statewide - Composite
- Moda Medical Plan D Statewide - Composite
- Moda Medical Plan E Statewide - Composite
- Moda Medical Plan F Statewide - Composite
- Moda Medical Plan G Statewide - Composite
- Moda Medical Plan H Statewide - Composite
- Moda Medical Plan A Synergy - Composite
- Moda Medical Plan B Synergy - Composite
- Moda Medical Plan C Synergy - Composite
- Moda Medical Plan D Synergy - Composite
- Moda Medical Plan E Synergy - Composite
- Moda Medical Plan F Synergy - Composite
- Moda Medical Plan G Synergy - Composite
- Moda Medical Plan H Synergy - Composite

Members Including Self (check marked members get coverage)

<input checked="" type="checkbox"/>	Carol Brady	21-SEP-59	Self
<input checked="" type="checkbox"/>	Greg Brady	17-MAY-96	Child
<input checked="" type="checkbox"/>	Marcie Brady	02-DEC-97	Child

Accept & Continue Back

**8. Select the plan and the correct dependents as shown above then click on Accept & Continue. The screen will refresh each time a dependent is checked. Make sure you have all dependents checked that are to be covered. Continue the same steps for the remaining plans. If a member is not selecting Dental and/or Vision then do not click on the links.**

# MyOEBB – Change in Employment

**Enrollments**  
Member has active QSC.

Quick Search  
ID: E00171056 Last Name: Brady First Name: Carol

Save (circled) Reset Active History History Detail OE History

E-Benefit Summary Benefit Summary Member IDs Member Info Dependents Case Notes Other Group Cov. Employment

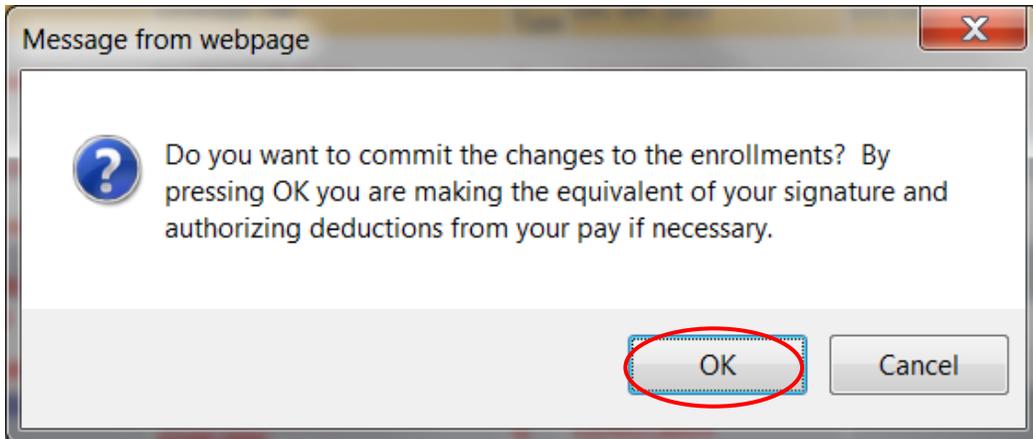
QSC Events Reinstate All Term All Beneficiaries Healthy Futures

Summary for employee of Salem-Keizer SD 24J (QSC)

Plan Type/Plan Name	Coverage Tier	Enr Type	Cov. Eff. Date	End Date	Dependents			
					Greg	Marcia		
<b>Medical</b> Moda Medical Plan C Statewide - Composite	Employee & Children	Q	12/01/2014			✓	✓	✗
<b>Vision</b> Moda Vision Plan 4 - Composite	Employee & Children	Q	12/01/2014			✓	✓	✗
<b>Dental</b> ODS Dental Plan 6 - Composite	Employee & Children	Q	12/01/2014			✓	✓	✗
<b>Basic Life</b> Plan 11 Basic Life-\$100,000	Employee Only - \$100,000	Q	12/01/2014					✗
<b>Basic Accidental Death and Dismemberment</b> Plan 11 Basic AD&D-\$100,000	Employee Only - \$100,000	Q	12/01/2014					✗
<b>Optional Employee Accidental Death and Dismemberment</b> Optional Employee AD&D - \$500,000	Optional Employee AD&D - \$500,000	Q	12/01/2014					✗
<b>Optional Child Accidental Death and Dismemberment</b> Optional Child AD&D	Child AD&D - \$10,000	Q	12/01/2014					✗
<b>Short Term Disability - Voluntary</b> Plan 13-Short Term Disability (Voluntary)-14 Day Elimination/90 Day@60%	Short Term Disability - 14 Day Elimination/90 Day@60%	Q	12/01/2014					✗
<b>Optional Employee Life</b>								
<b>Optional Child Life</b>								
<b>Long Term Disability - Voluntary</b>								
<b>Employee Long Term Care (Voluntary-Employee Paid)</b>								

Coverage Under Salem-Keizer SD 24J IOEA - Salem-Keizer / Licensed-Full Time)

9. Click Save once you have completed the enrollments.



10. Click Ok.

# MyOEBB – Change in Employment

**OREGON EDUCATORS**  
**OEBB**  
BENEFIT BOARD

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**Enrollments**

Record Saved Successfully

**Quick Search**

ID:  Last Name:  First Name:

**Summary for employee of Salem-Keizer SD 24J (Open Enrollment)**

Plan Type/Plan Name	Coverage Tier	Enf Type	Cov. Eff. Date	End Date	Dependents	
					Greg	Marcia
<b>Medical</b> Moda Medical Plan C Statewide - Composite	Employee & Children	Q	12/01/2014		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Vision</b> Moda Vision Plan 4 - Composite	Employee & Children	Q	12/01/2014		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Dental</b> ODS Dental Plan 6 - Composite	Employee & Children	Q	12/01/2014		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Basic Life</b> Plan 11 Basic Life-\$100,000	Employee Only - \$100,000	Q	12/01/2014			
<b>Basic Accidental Death and Dismemberment</b> Plan 11 Basic AD&D-\$100,000	Employee Only - \$100,000	Q	12/01/2014			
<b>Optional Employee Accidental Death and Dismemberment</b> Optional Employee AD&D	Optional Employee AD&D - \$500,000	Q	12/01/2014			
<b>Optional Child Accidental Death and Dismemberment</b> Optional Child AD&D	Child AD&D - \$10,000	Q	12/01/2014			
<b>Short Term Disability - Voluntary</b> Plan 13-Short Term Disability (Voluntary)-14 Day Elimination/90 Day@60%	Short Term Disability - 14 Day Elimination/90 Day@60%	Q	12/01/2014			
<b>Optional Employee Life</b> Declined			10/01/2014			
<b>Optional Child Life</b> Declined			10/01/2013			
<b>Long Term Disability - Voluntary</b> <b>Employee Long Term Care (Voluntary-Employee Paid)</b> Declined			10/01/2013			

11. You will see **Record Saved Successfully.**