## Change in Employment

1. Bring up the employee record in Enrollment Management.

OFBB	Enrollments						
BENEFIT BOARD	Quick Search						
System Codes	ID E00171056 Las	t Name Brady		First Name	Carol		
Address Setup	Save Reset Active History	History Detail OE Histo					
Contact Setup	Save Reset Active History	History Detail OE Histo	ry			$\frown$	
Security Setup	E-Benefit Summary Benefit Summary	Member IDs Member Info	D	ependents Case Notes	Other Group Cov.	Employment	
Plan Management	QSC Events Reinstate All	Term All Beneficiaries	Hook	hy Futures			
Contact Management							
▼ Enrollment Management	Summary for employee of Salem-K	eizer SD 24J (Open Enr	ollmei	nt)			
Enrollments			For			Deper	dents
Unsaved Enrollments	Plan Type/Plan Name	Coverage Tier	Enr Type	Cov. Eff. Date	End Date	Greg	Marcia
Termination Approval Affidavit Fulfillment	Medical Moda Medical Plan C Statewide - Composite	Employee & Children	0	10/01/2014		$\checkmark$	$\checkmark$
Email Notifications Member QSC Request(0)	<u>Vision</u> Moda Vision Plan 4 - Composite	Employee & Children	0	10/01/2014		$\checkmark$	$\checkmark$
Enrollment Requests	Dental ODS Dental Plan 6 - Composite	Employee & Children	0	10/01/2014		$\bigcirc$	$\bigcirc$
<ul> <li>Member Management</li> <li>Document Management</li> </ul>	Basic Life Plan 8 Basic Life-\$35,000	Employee Only - \$35,000	0	10/01/2009			
<ul> <li>Utilities</li> <li>Home Page Alerts</li> </ul>	Basic Accidental Death and Dismemberment Plan 8 Basic AD&D-\$35,000	Employee Only - \$35,000	0	10/01/2009			
Reports     Pavroll Interface	Optional Employee Accidental Death and Dismemberment Optional Employee AD&D	Optional Employee AD&D - \$500,000	o	10/01/2014			
Report Mart     BHS Interface	Optional Child Accidental Death and Dismemberment Optional Child AD&D	Child AD&D - \$10,000	0	10/01/2014			
P Dits interface	Short Term Disability - Voluntary 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			
	Long Term Disability - Mandatory Plan 17-Long Term Disability (Mandatory/Employee)-90 Day@60%	Long Term Disability - 90 Day@60%	o	10/01/2009			
	<u>Optional Employee Life</u> Declined			10/01/2014			
	Optional Child Life			10/01/2013			

2. Click on the Employment button as shown above.

nome/ com	act Us   Help   Logout	User. Radisii-o	ebb admin Debbie	Mond	Monday , November 24, 2014		
Employm	ents						
Member : C	arol 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	OEA - Salem-Keizer	07-01-2008				
Add B	ack to Enrolments						

3. Click on the Institution Number as shown above.

## MyOEBB – Change in Employment

Home   Contact Us   Help   Logout		User:	Radish-oebb admin [	)ebbie
Employment				
Marriana - Caral Dan da				
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 Reaso	n		Payment Type	
J		8	ACH Credit	
Dates				
	Type Change	Termination		s Paid Through
08-17-2006 07-01-2008				
Details				
Lead Agency 🔽	Waived Be	enefits 🔳		
Save Delete Search Reset	Back to Er	nrollments	Change Employ	yment Salary

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

Member : Carol Brady		
Educational Entity		
Institution Number	Name	
2142	Salem-Keizer SD 24J	
Types		
Change Member Type		_
Non Represented - Salem-Keizer	r	
2 Emproyment Type		
Administrator Licensed-Full Time	9	
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 Payrol	Freq	
Salaiy Eff Date Hou	ırs Worked	
12-01-2014		
112-01-2014		

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.

Educational Entity	
nstitution Number	Name
2142 Sa	lem-Keizer SD 24J
Message from webpage	X
continue?	
Continue:	OK Cancel
Salary Details	OK Cancel
Salary Details Salary Type	OK Cancel ANNUALLY Salary
Salary Details	
Salary Details Salary Type	<ul> <li>ANNUALLY Salary</li> <li>45000.00</li> </ul>

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

OEBB								
	Member has active QSC.							
BENEFIT BOARD								
System Codes	Quick Search							
Address Setup	ID E00171056 Last	Name Brady		First Name	Carol			
Contact Setup	Save Reset Active History	History Detail OE History	,					
Security Setup	Save Reset Active History	HISTOLY Detail OF HISTOLY	/					
Plan Management	E-Benefit Summary Benefit Summary	Member IDs Member Info	Dej	pendents Case Notes	Other Group Cov.	Employment		
Contact Management	QSC Events Reinstate All	Term All Beneficiaries		y Futures				
🕶 Enrollment Management	QSC EVents Reinstate All	Term All Beneficiaries	Health	y Futures				
Enrollments	Summary for employee of Salem-Ke	eizer SD 24J (QSC)						
Unsaved Enrollments						[	Dependents	1
Termination Approval	Plan Type/Plan Name	Coverage Tier	Enr	Cov. Eff. Date	End Date	Greg	Marcia	
Affidavit Fulfillment			1700					× 🔤
Email Notifications	Medical							<b>~</b> <u>~</u> <u>~</u>
Member QSC Request(0)	Vision							
Enroliment Requests								
Member Management	<u>Dental</u>							
Document Management	Basic Life							
Utilities	Optional Employee Life							
Home Page Alerts	optional Employee Life							
Reports	Optional Child Life							1
Payroll Interface	Basic Accidental Death and							
Report Mart	Dismemberment							
BHS Interface	Optional Employee Accidental Death							
	and Dismemberment							1
	Optional Child Accidental Death and Dismemberment							
	<u>Short Term Disability - Voluntary</u>							
	<u>Long Term Disability - Voluntary</u>		_					
	Employee Long Term Care (Voluntary- Employee Paid)							
	Couerage Under Colem Keizer CD 24	LIDEA Colom Koizor / Linon	and E	ull Time)				

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

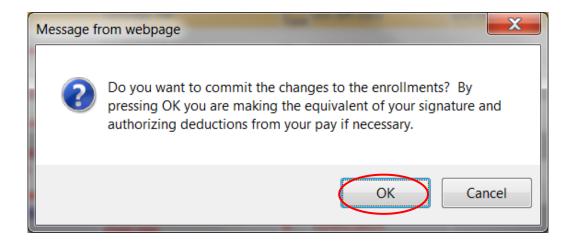
	My Medical Coverage Options
OFRR .	
BENEFIT BOARD	Summary for employee of Salem–Keizer SD 24J (QSC)
System Codes	QSC being used
Address Setup	Change in Employment Status by Employee
Contact Setup	New Coverage Start Date
Security Setup	12/01/2014
Plan Management	Eligible Plans
Contact Management	© Kaiser Medical Plan 1 - Composite
<ul> <li>Enrollment Management</li> </ul>	Kaiser Medical Plan 1 - Composite     Kaiser Medical Plan 2 - Composite
Enrollments	Kaiser Medical Plan 2 - Composite     Kaiser Medical Plan 3 - Composite
Unsaved Enrollments	Moda Medical Plan A Statewide - Composite
Termination Approval	Moda Medical Plan B Statewide - Composite
Affidavit Fulfillment	© Moda Medical Plan C Statewide - Composite
Email Notifications	Moda Medical Plan D Statewide - Composite
Member QSC Request(0)	Moda Medical Plan E Statewide - Composite
Enrollment Requests	Moda Medical Plan F Statewide - Composite
Member Management	Moda Medical Plan G Statewide - Composite
Document Management	Moda Medical Plan H Statewide - Composite
Utilities	Moda Medical Plan A Synergy - Composite
Home Page Alerts	Moda Medical Plan B Synergy - Composite
Reports	Moda Medical Plan C Synergy - Composite
Payroll Interface	Moda Medical Plan D Synergy - Composite
Report Mart	Moda Medical Plan E Synergy - Composite
BHS Interface	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
	Carol Brady 21-SEP-59 Self
	Greg Brady 17-MAY-96 Child
	Mareia 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

OFBR	Enrollments							
	Member has active QSC.							
System Codes	Quick Search							
Address Setup	ID E00171056 Last	Name Brady		First Name	Carol			
Contact Setup	Save Reset Active History	Ulater Datat	1					
Security Setup	Save Fiset Active History	History Detail OE History						
Plan Management	E-Benefit Summary Benefit Summary	Member IDs Member Info	Depe	ndents Case Notes	Other Group Cov. Em	ployment		
Contact Management	OSC Events Reinstate All	Term All Beneficiaries H		Futures				
r Enrollment Management		I	leartny	Futures				
Enrollments	Summary for employee of Salem-Ke	izer SD 24J (QSC)						
Unsaved Enrollments			-				Dependents	
Termination Approval	Plan Type/Plan Name	Coverage Tier	Enr Type	Cov. Eff. Date	End Date	Greg	Marcia	
Affidavit Fulfillment	Medical	Frankriger and the		12/01/2014		0	0	
Email Notifications	Moda Medical Plan C Statewide - Composite	Employee & Children	Q	12/01/2014		$\checkmark$	$\checkmark$	×
Member QSC Request(0)	Vision	Employee & Children	Q	12/01/2014			$\bigcirc$	*
Enrollment Requests	Moda Vision Plan 4 - Composite Dental							
Member Management	ODS Dental Plan 6 - Composite	Employee & Children	Q	12/01/2014		$\bigcirc$	$\bigcirc$	×
Document Management	Basic Life Plan 11 Basic Life-\$100,000	Employee Only - \$100,000	Q	12/01/2014				×
• Utilities	Basic Accidental Death and							
Home Page Alerts	Dismemberment Plan 11 Basic AD&D-\$100.000	Employee Only - \$100,000	Q	12/01/2014				
Reports	Optional Employee Accidental Death	Optional Employee AD&D -						
Payroll Interface	and Dismemberment Optional Employee AD&D	\$500,000	Q	12/01/2014				×
Report Mart	Optional Child Accidental Death and							
BHS Interface	Dismemberment Optional Child AD&D	Child AD&D - \$10,000	Q	12/01/2014				×
	Short Term Disability - Voluntary							
	Plan 13-Short Term Disability (Voluntary)-14 Day Elimination/90	Short Term Disability - 14 Day Elimination/90 Day@60%	Q	12/01/2014				×
	Day@60%							
	Optional Employee Life							
	<u>Optional Child Life</u>							
	<u>Long Term Disability - Voluntary</u>							
	Employee Long Term Care (Voluntary-							
	Employee Paid)							

9. Click Save once you have completed the enrollments.



10. Click Ok.

## MyOEBB - Change in Employment

OREGON EDUCATORS							
OFPR	Enrollments						
UEDD BOARD	Record Saved Successfully						
BENEFIT BOARD	Quick Search						
System Codes	ID E00171056 Last	Name Brady		First Name Ca	arol		
Address Setup			_				
Contact Setup	Save Reset Active History	History Detail OE History	(				
Security Setup	E-Benefit Summary Benefit Summary	Member IDs Member Info	Dep	endents Case Notes	Other Group Cov. E	mployment	
Plan Management							
Contact Management	QSC Events Reinstate All	Term All Beneficiaries	Health	/ Futures			
Enrollment Management	Summary for employee of Salem-Ke	izer SD 24J (Open Enrol	Iment	)			
Enrollments Unsaved Enrollments						Dep	endents
Termination Approval	Plan Type/Plan Name	Coverage Tier	Enr Type	Cov. Eff. Date	End Date	Greg	Marcia
Affidavit Fulfillment	Medical					-	2
Email Notifications	Moda Medical Plan C Statewide - Composite	Employee & Children	Q	12/01/2014		$\checkmark$	$\checkmark$
Member QSC Request(0)	<u>Vision</u> Moda Vision Plan 4 - Composite	Employee & Children	Q	12/01/2014		$\checkmark$	$\checkmark$
Enrollment Requests	Dental	Employee & Children	Q	12/01/2014		$\bigcirc$	
Member Management	ODS Dental Plan 6 - Composite Basic Life	Employee & Children	Q	12/01/2014		<b>.</b>	<b>v</b>
Document Management	Plan 11 Basic Life-\$100,000	Employee Only - \$100,000	Q	12/01/2014			
Utilities Home Page Alerts	Basic Accidental Death and Dismemberment	Employee Only - \$100,000	Q	12/01/2014			
Reports	Plan 11 Basic AD&D-\$100,000		-				
Payroll Interface	Optional Employee Accidental Death and Dismemberment Optional Employee AD&D	Optional Employee AD&D - \$500,000	Q	12/01/2014			
Report Mart     BHS Interface	Optional Child Accidental Death and Dismemberment	Child AD&D - \$10,000	Q	12/01/2014			
	Optional Child AD&D Short Term Disability - Voluntary						
	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			
	<u>Optional Employee Life</u> Declined			10/01/2014			
	<u>Optional Child Life</u> Declined			10/01/2013			
	Long Term Disability - Voluntary		_				
	Employee Long Term Care (Voluntary- Employee Paid) Declined			10/01/2013			

11. You will see Record Saved Successfully.