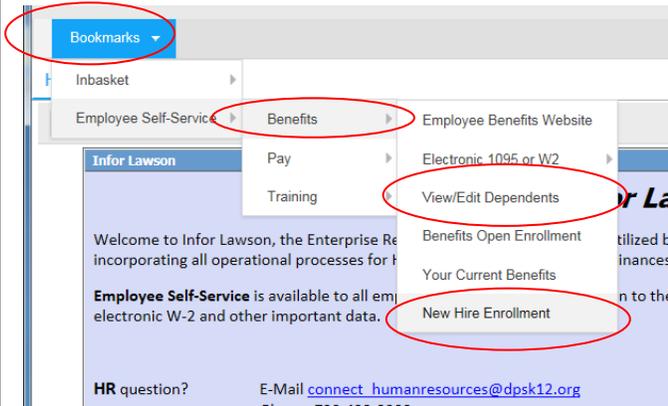


### TO BEGIN BENEFITS NEW HIRE ENROLLMENT:

Open the DPS website **The Commons** at <http://thecommons.dpsk12.org/> using Internet Explorer.

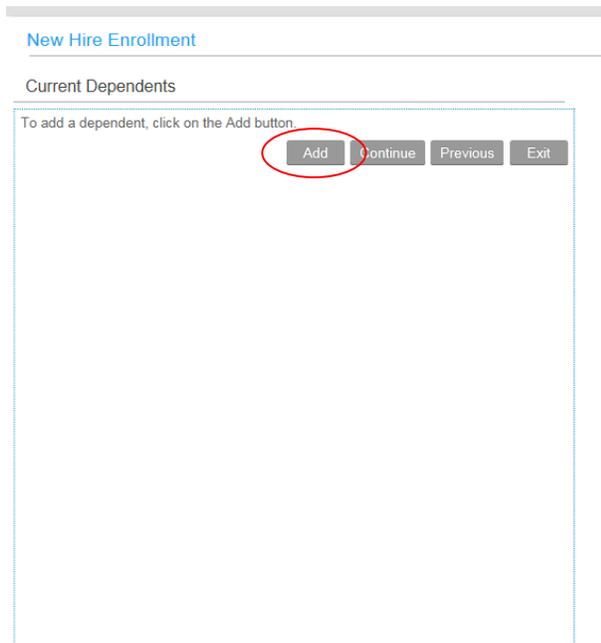
1. At the top of the page click on **"Portals"** to open the dropdown list displaying the link for **"Lawson Employee Self Service"**.

2. Log in with your user name and password.



3. Click on **“Bookmarks”** for **“Employee Self-Service”**, then **“Benefits”**. If you need to include dependents in your enrollment, first click on **“View/Edit Dependents”**. See instructions below for adding dependents.

**\*\*If you do not need to add dependents, select “New Hire Enrollment” and skip ahead to step 8.\*\***



4. To add dependents, click the **“Add”** button. You will need your dependent's date of birth and social security number to continue.

Detail

Main Address

\*Required fields are indicated.

First Name\*

Middle Initial

Last Name\*

Name Suffix

Birth Date\*  MM/DD/YYYY

If Adopted, Date  MM/DD/YYYY

If Adopted, Placement Date  MM/DD/YYYY

Social Number

Type\*

Relationship\*

Address\*

Primary Care Physician

Gender\*

Student  No

Disabled  No

Smoker  No

5. If adding dependents, enter your dependents information here. Fill in the required fields, click "**Update**" to save.

6. Repeat Step 4 and 5 for each dependent.

New Hire Enrollment

Current Dependents

To add a dependent, click on the Add button.

7. When you are done adding dependents, click on "**Continue**".

WELCOME TO NEW HIRE ENROLLMENT

**NEW HIRE ENROLLMENT**

All benefits eligible employees must enroll in benefits within 30 days from their date of hire. Benefits are effective the first of the month following their date of hire. Employees must enroll online through Employee Self Service. Employees who do not enroll within their first 30 calendar days of employment will be considered to have waived benefits. If you would like step-by-step instructions for completing online enrollment please click [here](#).

The first step in enrollment is entering dependents. Please enter your spouse and/or dependent information, including Social Security Numbers, and then click Continue. You will not be able to cover dependents that are not entered prior to beginning plan selection. If you do not have dependents you would like to cover, simply click Continue.

Be sure to go completely through the process (do not exit), check each of your elections prior to confirming, and print out your confirmation page at the end. Also, please make sure your pop-up blocker is turned off. If you find your confirmation differs from what you intended, please contact HR Connect at 720-423-3900 for assistance.

You will be offered enrollment in the following DPS insurance (if eligible):

On line enrollment through Employee Self Service:

- Health Insurance - medical, dental, vision
- Health Savings Account (must enroll in a Medical Plan to be eligible to enroll in HSA)
- Healthcare and Dependent Care Flexible Spending Accounts
- Sick Leave Bank

Paper Enrollment ONLY

- Optional Life Insurance: DPS offers you the option to purchase additional life insurance for yourself, your spouse, and your dependent children. You must purchase additional voluntary coverage for yourself in order to purchase coverage for your spouse and/or dependents. If you wish to enroll in additional coverage, please click here for the paper [DPS Life Insurance Enrollment Form](#) or find it online located on the New Hire Orientation Resources > [MeLife Retirement plans page](#). If opting coverage for yourself over \$100,000 and/or your spouse over \$20,000, you will also need to complete the paper [Statement of Health Form](#) and return the completed form to HR Connect at [connect\\_humanresources@dpsk12.org](mailto:connect_humanresources@dpsk12.org)

For your peace of mind, DPS automatically enrolls eligible employees in MeLife Group Basic Life, Long Term Disability and Accidental Death and Dismemberment at no cost. No enrollment action is needed for this benefit. Please see your [benefit enrollment guide](#) for more details.

[ 08:49:14 - Home ] Checking for updates

8. Please read the notices before continuing. When you are ready, click on "Continue" in the lower right corner.

View Hire Enrollment

Enrollment Order

You will enroll in benefits in the following order:

Plan Type
HEALTH PLAN
DENTAL PLAN
VISION PLAN
HEALTH SAVINGS ACCOUNT
HEALTH FLEX ACCOUNT
DEPENDENT FLEX ACCOUNT
SICK LEAVE BANK

9. Lawson will begin by showing you the different plans available for you to enroll in. Click "Continue".

New Hire Enrollment

Benefit Elections - HEALTH PLANS

Select the plan in which you would like to enroll

Select	Plan	Coverage Begins
<input type="radio"/>	CIGNA CDHP3500	11/01/2016
<input type="radio"/>	CIGNA CDHP2000	11/01/2016
<input type="radio"/>	Wave Medical	11/01/2016
<input type="radio"/>	KAISER CDHP3500	11/01/2016
<input type="radio"/>	KAISER CDHP3000	11/01/2016

**Continue** Exit Elections

---

You have selected KAISER CDHP3500. Costs are per Month. Select one coverage option.

Select	Coverage	Cost
<input type="radio"/>	EMPLOYEE	309.12
<input type="radio"/>	EMPLOYEE-SPOUSE	726.41
<input type="radio"/>	EMPLOYEE-CHILD	549.57
<input type="radio"/>	FAMILY	940.34

How do you want to pay for this coverage?  Pretax  Aftertax

**Continue** Previous Exit

---

New Hire Enrollment

Benefit Elections - HEALTH PLANS

You have selected KAISER CDHP3500. This plan may cover a spouse and your dependents. This plan covers 2 to 99 dependents. Select dependents to include for plan coverage.

Select	Dependent	Status
<input checked="" type="checkbox"/>	Mary Jones	Eligible
<input checked="" type="checkbox"/>	Nancy Jones	Eligible

**Continue** Previous

10. Choose the plan that's best for yourself and your family and select **"Continue"**.

11. Choose the level of coverage that meets your needs. You also have the option to select whether you would like to pay for your premiums pretax or aftertax. Most employees choose pretax, but if you are close to retirement, you may want to select after-tax. When you are satisfied with your selections, click **"Continue"**.

12. If you choose to include dependents, you will see eligible dependents here. Chose the dependents you want covered and click **"Continue"**.

Benefit Elections - HEALTH PLANS

You have selected **KAISER CDHP3600**. Costs are per Month. Your coverage will begin 11/01/2016. Review and confirm your election choices for this benefit.

Plan	Coverage	Cost
KAISER CDHP3600	FAMILY	\$40.34 Pretax

Covered Dependents As Of 11/01/2016

Mary Jones	Nancy Jones
------------	-------------

**Continue** Previous Exit Elections

---

Select the plan in which you would like to enroll.

Select	Plan
<input type="radio"/>	HEALTH SAVINGS ACCOUNT
<input type="radio"/>	Waive, Forfeit DPS \$750 Annual

**Continue** Previous Exit Elections

---

You have selected **HEALTH SAVINGS ACCOUNT**. Your contribution will be pretax.

Monthly Minimum	Monthly Maximum
0.00	500.00

Annual Minimum	Annual Maximum
0.00	6,000.00

Enter the amount you want to contribute.

per month

12 periods remaining from benefit start date  
or

per year

**Continue** Previous Exit

13. This screen confirms your selection. If it is correct, select **“Continue”**.

14. Repeat steps 11 through 13 for Dental and Vision coverage.

15. If you enrolled in any of our six C D Health Plans (CDHP), you are eligible to enroll in a HSA. In order to receive the DPS contribution to your HSA, you have to enroll in the HSA (you can elect a zero contribution amount).

- If you are not enrolled in a CDHP medical plan, you are not eligible for an HSA. Please select the Waive HSA option.

16. Enter either the monthly or the annual amount you wish to contribute to your HSA. DPS will also contribute to your account.

- Employees with an employee only CDHP can choose to contribute up to \$216.67 per month equaling \$2600.00 annually.
- Employees with an Employee plus Spouse, Employee plus Child(ren) or Family coverage in a CDHP plan can contribute up to \$500.00 per month equaling \$6000.00 annually.
- If you are already 55 years of age or turn 55 on or before December 31 you can contribute up to an extra \$1000.00 annually. Click **“Continue”**.

Benefit Elections - HEALTH SAVINGS ACCT

You have selected HEALTH SAVINGS ACCOUNT. Costs are per Month. Changes will be effective 07/01/2016. Review and confirm your election choices for this benefit.

Plan	Coverage	Cost
HEALTH SAVINGS ACCOUNT	600.00 per year	50.00 Pretax

[Continue](#) [Previous](#) [Elections](#)

---

Benefit Elections - HEALTH FLEX ACCTS

Select the plan in which you would like to enroll.

Select Plan

Waive Healthcare FSA

HEALTHCARE FLEX SPENDING ACCT

[Continue](#) [Exit](#) [Elections](#)

---

Benefit Elections - HEALTH FLEX ACCTS

You have selected HEALTHCARE FLEX SPENDING ACCT. Your contribution will be pretax.

Monthly Minimum	Monthly Maximum
1.67	212.50

Annual Minimum	Annual Maximum
20.00	2,550.00

Enter the amount you want to contribute.

per month

12 periods remaining from benefit start date  
or  
 per year

[Continue](#) [Previous](#) [Exit](#)

---

You have selected HEALTHCARE FLEX SPENDING ACCT. Costs are per Month. Changes will be effective 07/01/2016. Review and confirm your election choices for this benefit.

Plan	Coverage	Cost
HEALTHCARE FLEX SPENDING ACCT	600.00 per year	50.00 Pretax

[Continue](#) [Previous](#) [Elections](#)

17. Lawson will confirm your elections. Click **“Continue”**.

18. Employees are also eligible to elect to contribute funds to a HealthCare Flexible Spending Account (HC FSA). Enter the amount you wish to contribute either monthly or annually and choose **“Continue”**.

19. The maximum that an employee can contribute to a HC FSA is \$2550.00.

- Employees enrolled in one of the six CDHP plans and a HSA Account can enroll in a HC FSA, but it is then considered a limited use FSA and can only be used for qualified dental or vision expenses. The maximum contribution to a limited use FSA is also \$2550.00.

20. This screen confirms your selection. If it is correct, select **“Continue”**.

Benefit Elections - DEPENDENT FLEX ACCT

Select the plan in which you would like to enroll.

Select Plan

Waive Depend Care FSA

DEP CARE FLEX SPENDING ACCT

**Continue** Previous Exit Elections

---

Benefit Elections - DEPENDENT FLEX ACCT

You have selected DEP CARE FLEX SPENDING ACCT. Your contribution will be pretax.

Monthly Minimum	Monthly Maximum
1.67	416.66
Annual Minimum	Annual Maximum
20.00	5,000.00

Enter the amount you want to contribute.

per month

12 periods remaining from benefit start date

or

per year

**Continue** Previous Exit

---

Benefit Elections - DEPENDENT FLEX ACCT

You have selected DEP CARE FLEX SPENDING ACCT. Costs are per Month. Changes will be effective 07/01/2016. Review and confirm your election choices for this benefit.

Plan	Coverage	Cost
DEP CARE FLEX SPENDING ACCT	600.00 per year	50.00 Pretax

**Continue** Previous Elections

---

New Hire Enrollment

Benefit Elections - SICK LEAVE BANK

Select the plan in which you would like to enroll.

Select Plan Coverage Begin

Sick Leave Bank 9/19/2017

Waive Sick Leave Bank 9/19/2018

**Continue**

---

New Hire Enrollment

Benefit Elections As Of 11/01/2016

Plan	Coverage	Start Date	Your Cost
Denver Health 1500 Plan	EMPLOYEE	11/01/2016	791.25 Pretax
DELTA DENTAL PRISMER	EMPLOYEE	11/01/2016	35.57 Pretax
Waive Vision	COVERAGE WAIVED	11/01/2016	
HEALTH SAVINGS ACCOUNT	800.00 per year	11/01/2016	100.00 Pretax
Waive Healthcare FSA		11/01/2016	
Waive Depend Care FSA		11/01/2016	
Sick Leave Bank		9/19/2017	

Monthly Summary

	Cost
Total pretax contributions	896.82
Total aftertax contributions	3.00

Your deductions may differ slightly due to rounding.

**Continue** Make Changes Exit

21. Employees with dependent care needs can elect to set aside up to \$5,000.00 annually into a Dependent Care Flexible Spending Account (DC FSA). Choose your option and hit **“Continue”**.

22. Enter your elections as either the monthly or the total annual amount that you wish to put into a DC FSA. Select **“Continue”**.

23. This screen confirms your selection. If it is correct, select **“Continue”**.

24. You may enroll in the Sick Leave Bank, or Waive, click **“Continue”**.

25. Review your elections to ensure their accuracy. If all elections are correct, select **“Continue”**. To make changes, select **“Make Changes”**. If you wish to make changes to your selections, click **“Make Changes”** and the program will take you back to the page you wish to update.

26. Choose the plans you wish to change and make any corrections and click **“Continue”** until you get back to the "Benefits Elections As Of..." page.

27. When you have completed any corrections, you will again see your elections. Click **“Continue”**.

Dialog

Do you want to print these elections for your reference?

Yes

No

Continue

Summary

Total cost contribution

### Benefits Enrollment

#### Enrollment Elections

Congratulations SAMUEL LOMBARDO. Your enrollment is complete.

28. Select “Yes” to print your confirmation for your records. If there is an error in our records, we will need this to make any corrections after Annual Enrollment ends.

**Keep in mind you will remain in these plans until the annual open enrollment next year unless you experience a change in status throughout the year.**

29. Congratulations! You’re done.

30. Logout and close your browser to end your session.