


1

Open Oracle →
Log in →
Devereux Self Service →
Benefits



2

Read the Legal Disclaimer →
Choose “Accept” →
Click **Next**

Please read the Legal Disclaimer listed below for important benefit guidelines. Be sure to scroll down to the bottom of the page and click "Accept" to verify that you have read this Disclaimer. You will not be able to make any benefit changes if you do not click "Accept." If you would like a copy of this Disclaimer for your records, please click "Print This Page" button. Once you are finished click "Next" to begin the benefit enrollment process.

Accept
 Decline

Next

3

Review current Dependents and Beneficiaries

- No changes? → click **Next**
- Need to add? → click Add dependents and beneficiaries

Next

OR

Click here to add dependents and beneficiaries

4

Review current benefits →
Click **Update Benefits**

Benefit Enrollments		Name	Event Name	Open
Benefit Selections				
If you wish to make benefit changes click on the "Update Benefits" button to proceed.				
Plan	Option	Coverage	Start Date	Coverage Per Pay Cost
Prescription Drug - Caremark Plan A	2 Person	04/01/2010		27.07
Dental - Delta Dental Plan A	2 Person	01/01/2010		44.46
EAP - Carebridge		12/12/2005		
Mental Health - Magellan		04/01/2006		

Update Benefits

5

Changes?

- No → click **Next**
- Yes → select changes → click **Next**

Note: read all prompts!

Medical

If you wish to make changes, uncheck the coverage selection box.

Eligibility Contribution is required.

Plan	Option	Select	Monthly Cost
Single		<input type="checkbox"/>	55.71
2 Adults - 80 - 80 - 80		<input type="checkbox"/>	119.42
Family		<input type="checkbox"/>	119.42
2 Single		<input type="checkbox"/>	119.42
2 Adults - 80 - 80 - 80		<input type="checkbox"/>	119.42
Family - Domestic Partner Only		<input type="checkbox"/>	119.42
Family - Domestic Partner & Dependents		<input type="checkbox"/>	119.42

Next

OVER →

6

Update any Additional Data required →
Click **Next**

Update Benefits: Update Enrollments Additional Data

7

Verify covered dependents →
Check/uncheck to change →
Click **Next**

Cover	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

8

Verify covered beneficiaries →
Check/uncheck to change →
Click **Next**

Beneficiary Selection

AD & D : AD & D Family - AD&D

Family Members and Others

Beneficiary	Relationship	Social Security Number	Primary %	Con
			<input type="text" value="0"/>	<input type="checkbox"/>

9

Read Confirmation Statement →
! You MUST Print Confirmation Statement

Confirmation Statement

10

Click to **Submit** your updates →
Sign & Submit the printed
“Confirmation Statement” to HR

