How to submit no changes in Esuites HR Portal.
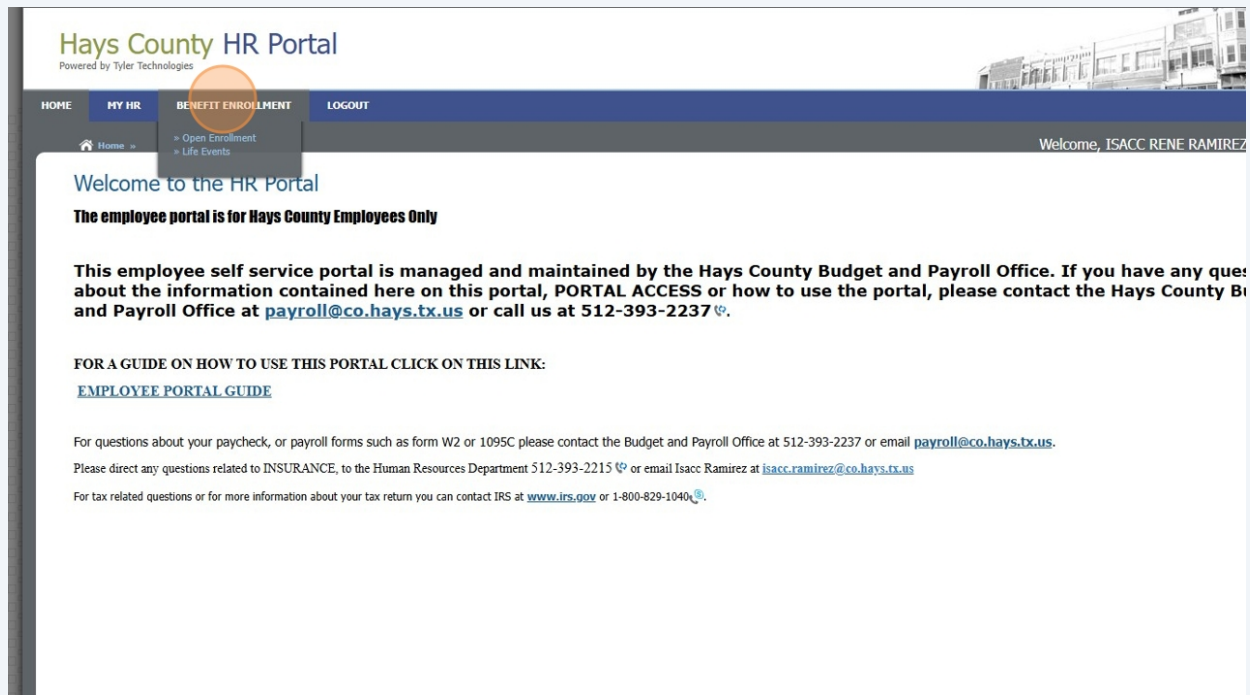
1 On the main screen hover over "Benefit Enrollment"

2   Click "» Open Enrollment"

3   Click "Continue to Enrollment"

4 The current medical plan you're enrolled in will be highlighted already.

Plan 2 After Tax	Employer Cost (Per Payment)	Your Cost (Pe
○ Employee + Child(ren)	$495.80	
○ Employee + Family	$495.80	
○ Employee + Spouse	$495.80	
○ Employee Only	$495.80	

Plan 2 Pretax	Employer Cost (Per Payment)	Your Cost (Pe
○ Employee + Child(ren)	$495.80	
○ Employee + Family	$495.80	
○ Employee + Spouse	$495.80	
● Employee Only	$495.80	

Plan 3 After Tax	Employer Cost (Per Payment)	Your Cost (Pe
○ Employee + Child(ren)	$495.80	
○ Employee + Family	$495.80	
○ Employee + Spouse	$495.80	
○ Employee Only	$495.80	

Plan 3 Pretax	Employer Cost (Per Payment)	Your Cost (Pe
○ Employee + Child(ren)	$495.80	
○ Employee + Family	$495.80	
○ Employee + Spouse	$495.80	
○ Employee Only	$495.80	

If you do not wish to enroll in a plan at this time, please click below:
○

5 Scroll down and Click "Save and Continue"

	Employer Cost (Per Payment)	Your Cost (Pe
○ Employee Only	$495.80	

Plan 2 Pretax	Employer Cost (Per Payment)	Your Cost (Pe
○ Employee + Child(ren)	$495.80	
○ Employee + Family	$495.80	
○ Employee + Spouse	$495.80	
● Employee Only	$495.80	

Plan 3 After Tax	Employer Cost (Per Payment)	Your Cost (Pe
○ Employee + Child(ren)	$495.80	
○ Employee + Family	$495.80	
○ Employee + Spouse	$495.80	
○ Employee Only	$495.80	

Plan 3 Pretax	Employer Cost (Per Payment)	Your Cost (Pe
○ Employee + Child(ren)	$495.80	
○ Employee + Family	$495.80	
○ Employee + Spouse	$495.80	
○ Employee Only	$495.80	

If you do not wish to enroll in a plan at this time, please click below:
○
NOTE- If the dot directly above this sentence is marked, you are declining coverage!
IF YOU HAVE MARKED THIS BOX YOU DO NOT WANT COVERAGE UNDER THIS INSURANCE.

SAVE AND CONTINUE...

6 Click "Save and Continue" to confirm coverage

Hays County HR Portal
Powered by Tyler Technologies

HOME   MY HR   BENEFIT ENROLLMENT   LOGOUT

🏠 Home » Benefit Enrollment   Welcome, ISACC RENE RAMIRE

Select Covered Individual(s)

Pre-Enrollment			
● Welcome Message			
● Plan Documents			

✓   Self   SELF

SAVE AND CONTINUE...

Enrollment

CATEGORY	YOUR COST
▶ Health Plans	$13.75
● Dental Plans	$0.00
● Vision	$0.00
TOTAL COST (PER PAYMENT)	$13.75

Finish
● Submit & Complete Enrollment
● Print Confirmation Statement

---

7 The current dental plan you're enrolled in will be highlighted already.

● Submit & Complete Enrollment
● Print Confirmation Statement

Current Election

Dental PPO Pretax - Employee Only	Per Payment Deduction
Dependents Covered	$0.00
Self	

Enrollment in Plan

Please choose the plan you'd like to enroll in below:

Dental PPO After Tax	Employer Cost (Per Payment)	Your Cost (Pe
○ Employee + Child(ren)	$16.87	
○ Employee + Family	$16.87	
○ Employee + Spouse	$16.87	
○ Employee Only	$13.87	

Dental PPO Pretax	Employer Cost (Per Payment)	Your Cost (Pe
○ Employee + Child(ren)	$16.87	
○ Employee + Family	$16.87	
○ Employee + Spouse	$16.87	
● Employee Only	$13.87	

If you do not wish to enroll in a plan at this time, please click below:

○

NOTE- If the dot directly above this sentence is marked, you are declining coverage!

IF YOU HAVE MARKED THIS BOX YOU DO NOT WANT COVERAGE UNDER THIS INSURANCE.

SAVE AND CONTINUE...

8 Scroll down and click "Save and Continue"

Submit & Complete Enrollment
Print Confirmation Statement

Current Election

Dental PPO Pretax - Employee Only
Dependents Covered
Self

Per Payment Deduction
$0.00

Enrollment in Plan
Please choose the plan you'd like to enroll in below:

Dental PPO After Tax	Employer Cost (Per Payment)	Your Cost (Pe
○ Employee + Child(ren)	$16.87	
○ Employee + Family	$16.87	
○ Employee + Spouse	$16.87	
○ Employee Only	$13.87	

Dental PPO Pretax	Employer Cost (Per Payment)	Your Cost (Pe
○ Employee + Child(ren)	$16.87	
○ Employee + Family	$16.87	
○ Employee + Spouse	$16.87	
◉ Employee Only	$13.87	

If you do not wish to enroll in a plan at this time, please click below:

○

NOTE- If the dot directly above this sentence is marked, you are declining coverage!

IF YOU HAVE MARKED THIS BOX YOU DO NOT WANT COVERAGE UNDER THIS INSURANCE.

SAVE AND CONTINUE...

---

9 Click "Save and Continue" to confirm coverage

Hays County HR Portal
Powered by Tyler Technologies

HOME   MY HR   BENEFIT ENROLLMENT   LOGOUT

🏠 Home » Benefit Enrollment

Welcome, ISACC RENE RAMIRE

Pre-Enrollment
● Welcome Message
● Plan Documents

Enrollment

CATEGORY	YOUR COST
✓ Health Plans	$13.75
▶ Dental Plans	$3.00
○ Vision	$0.00
TOTAL COST (PER PAYMENT)	$16.75

Finish
● Submit & Complete Enrollment
● Print Confirmation Statement

Select Covered Individual(s)

✓	Self	SELF

SAVE AND CONTINUE...

10   The current vision plan you're enrolled in will be highlighted already.

11   Scroll down and click "Submit"