

## EMPLOYEE ACCESS CENTER (EAC) OPEN ENROLLMENT INSTRUCTIONS

### A. Preparation

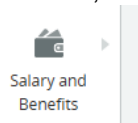
Gather all dependent information (i.e. full name as it appears on social security card, date of birth, & social security number). The information may already be in EAC, but if it is not, you will need to enter the information before beginning.

### B. Log into EAC

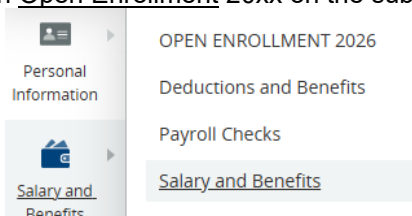
1. Go to the Pelham School District website.
2. Click on Staff—Staff Resources and Click on Employee Access Center (EAC)
3. EAC utilizes Single Sign-On (SSO) technology so when you click on the link, a “Sign in with Google” box should pop up with your Pelham School District email address. Click on your email address and you will be brought to the main demographic page.

### C. Begin Open Enrollment – Note: Each open enrollment page of has instructions in a blue box.

1. From the main page in EAC, click on Salary and Benefits on the left menu.



2. Click on Open Enrollment 20xx on the sub menu.



3. This will take you to the Dependents screen.
  - Click ‘Add New Dependent’ if you need to add a dependent. Note: the ‘Default Dependent?’ box on the dependent screen is used to have a dependent automatically checked off on health/dental elections.
  - Click on the blue first name of an existing dependent if you need to update a current dependent.
  - You can inactivate a dependent, but you cannot delete one.
  - If you find a social security number is incorrect, please notify Christine Lavacchia at Ext 5010 or Megan Barr at Ext 5019.
  - Once all dependents are correct, click on the arrow next to the blue Save button (choose Save & Continue) at the bottom.
4. This will take you to the Health Care screen.
  - Your current health information is displayed at the top.
  - Below the current information is new year Enrollment Election information:

A screenshot of the 'Enrollment Election' screen. At the top, there is a 'Select a Category' dropdown menu with 'All' selected. Below this is a list of options, each with a radio button. The options are: 'ACCESS BLUE 20 - 2P-----YR-AB20 24PAY-2P', 'ACCESS BLUE 20 - F-----YR-AB20 24PAY-F', 'ACCESS BLUE 20 - S-----YR-AB20 24PAY-S', 'ACCESS BLUE SITE OF SERVICE 1K-2P-----YR-ABSOS1K 24 PAY-2P', 'ACCESS BLUE SITE OF SERVICE 1K-F-----YR-ABSOS1K 24 PAY-F' (which is selected with a blue dot), 'ACCESS BLUE SITE OF SERVICE 1K-S-----YR-ABSOS1K 24 PAY-S', and 'WAIVE HEALTH COVERAGE-----YR-HEALTH WAIVE'. Below the list is a 'Choice Instructions' section with a 'Choice Link' that says 'CLICK HERE TO ACCESS BENEFIT INFO, SBC DOCUMENTS, & FORMS'. At the bottom, there is a summary table with the following data: 'Employee Cost' is \$ 0.00, 'Deductions Per Year' is 24, and 'Employer Cost' is \$ 1334.78.

You can see the rates for the different plans and types (i.e. S, 2P, & F) by clicking the dial box next to the plan. The rate will be displayed below the list.

- If your election is 2-person (2P) or Family (F), you will need to move down to the “Choose Dependents” section to select which dependents are included by selecting the box next to the dependent’s name.

Choose Dependents

Select the dependents which are covered under this enrollment option.

Select	Status	First Name	Last Name	Birth Date	Social Security Number	Default Dependent
<input checked="" type="checkbox"/> Include dependents	Active					No
<input type="checkbox"/> Include dependents	Inactive					No

- After all selections are complete, press the blue Save button (choose Save & Continue) at the bottom right.

5. This will take you to the Dental Care screen.

- Your current dental information is displayed at the top.
- Below the current information is new year Enrollment Election information:

Enrollment Election

Select a Category (Required)

All

Options

☐ DO NOT USE-SELECT ONE BELOW

☒ DELTA DENTAL 15 - 2P-----YR-DENTAL 24PAY-2P

☐ DELTA DENTAL 15 - F-----YR-DENTAL 24PAY-F

☐ DELTA DENTAL 15 - S-----YR-DENTAL 24PAY-S

☐ WAIVE DENTAL-----YR-DENTAL WAIVE

Choice Instructions

Choice Link [CLICK HERE TO ACCESS BENEFIT INFO, SBC DOCUMENTS, & FORMS](#)

Employee Cost \$ 10.48

Deductions Per Year 24

Employer Cost \$ 41.90

80% DISTRICT-PAID

- You can see the rates for the different plans and types (i.e. S, 2P, & F) by clicking the dial box next to the plan. The rate will be displayed below the list.
- If your election is 2-person (2P) or Family (F), you will need to move down to the “Choose Dependents” section to select which dependents are included by selecting the box next to the dependent’s name as above in the health election section.
- After all selections are complete, press the blue Save button (choose Save & Continue) at the bottom right.

6. This will take you to the FSA-HealthCare screen.

- Your current FSA health information is displayed at the top.
- Below the current information is the new year Enrollment election information:

Enrollment Election

Select a Category (Required)

All

Options

☐ DO NOT USE-SELECT ONE BELOW

☒ FSA HEALTHCARE-YR-----YR-FSA HEALTHCARE 26 PAY

☐ FSA WAIVE-----YR-FSA HEALTH WAIVE

Choice Instructions

This is an OPTIONAL benefit. Enter an estimated annual amount below (maximum annual \$3,300). To complete enrollment, you MUST complete the FSA Enrollment form and submit it to Payroll for processing. The form can be found on the Open Enrollment website or by clicking on the link below. The estimated deduction amount on the confirmation screen may be off slightly due to rounding. The final deduction amount will be based on the annual election amount on your FSA enrollment form.

Choice Link [CLICK HERE TO ACCESS BENEFIT INFO, SBC DOCUMENTS, & FORMS](#)

Employee Cost [Annual] \$ 2002.00

Deductions Per Year 26

Employer Cost \$ 0.00

- Select either FSA HealthCare or FSA Waive—Do NOT click on the top radio button.
- If you elect FSA HealthCare, enter the annual amount you want to have deducted from your paycheck in the Employee Cost box. (This is divided by 20 pays for school-year employees or 26 pays for year-round employees.)
- Press the blue Save button (choose Save & Continue) at the bottom right.

7. This will take you to the FSA Dependent Care screen.

- Your current FSA dependent information is displayed at the top.
- Below the current information is the new year Enrollment election information:

Enrollment Election

Select a Category Required

All

Options

☐ DO NOT USE-SELECT ONE BELOW

☒ FSA DEPENDENT CARE-YR 26 PAY-----YR-FSA DEPENDENT 26 PAY

☐ FSA WAIVE-----YR-FSA DEPENDANT WAIVE

Choice Instructions This is an OPTIONAL benefit. Enter an estimated annual amount below (up to \$5,000 household maximum). To complete enrollment, you MUST complete the FSA Enrollment form and submit it to Payroll for processing. The form can be found in the Open Enrollment kick-off email or by clicking on the link below.

Choice Link [CLICK HERE TO ACCESS BENEFIT INFO, SBC DOCUMENTS, & FORMS](#)

Employee Cost [Annual] \$

Deductions Per Year 26

Employer Cost \$ 0.00

- Select either FSA Dependent Care or FSA Waive—Do NOT click on the top radio button.
- If you elect FSA Dependent Care, enter the annual amount you want to have deducted from your paycheck in the Employee Cost box. (This is divided by 20 pays for school-year employees or 26 pays for year-round employees.)
- Press the blue Save button (choose Save & Continue) at the bottom right.

8. You will be brought to the Enrollment Review screen. This screen allows you to review your new year elections (at the top of the screen) and see your current year information (bottom of the screen).

- If you need to make any changes, click on the blue Benefit Type/Choice name and you will be brought back to that screen. Once finished, hit save and you will return to the Enrollment Review screen again.

New Year Selections

Benefit Type/Choice

[Health Care -Employee Yr](#)  
ACCESS BLUE SITE OF SERVICE 1K-2P


[Dental Care -Employee Yr](#)  
DELTA DENTAL 15 - 2P

[Fsa-healthcare-yr](#)  
FSA HEALTHCARE-YR

[Fsa Dependent Care-yr](#)  
FSA WAIVE

Totals

- When you have finished reviewing all your elections and read the information in the blue box at the top of the page, press the blue 'Confirm' box at the bottom right of the screen to confirm your selections.
- A green "Enrollment confirmed" box will display at the top. It displays very quickly. You will then be returned to the demographic page.
- If you want to be sure you submitted your selections, you can return to the Open Enrollment screen and a date and time confirmation will be displayed.

 Your final selections were submitted on 5/7/2025 at 4:15 PM

- You can also print a copy of your confirmation page for your records by right clicking and hitting the print button or using the printer in your browser.

**IMPORTANT:** If you made any health or dental changes or if you enrolled in either FSA plan, **your changes or enrollment are not complete until the appropriate HealthTrust forms are submitted** to Human Resources. These forms can be found in the Open Enrollment folder under Human Resources on the website.