Date: September 17, 2007

To: Human Resources Directors
   Benefits Representatives

From: Bruce Gibson
      Interim Senior Director
      Human Resources

Subject: Electronic Signature Process for On-Line Benefits Enrollment

Background

Effective September 17, 2007, the San Jose State University (SJSU) campus will begin to process open enrollment, new hire, and mid-year benefits elections through eBenefits, a self-service module within Oracle/Peoplesoft.

While SJSU is the only CSU campus at this time that will process benefits elections in this manner, it is anticipated that other campuses will implement this process in the future.

Process

In eBenefits, an employee submits his/her benefits elections on-line, and then finalizes the elections with an electronic signature that is unique to him/her. Once these transactions are retrieved from eBenefits, any required enrollment forms are then electronically produced and processed by the Benefits Office. Use of an employee’s electronic signature eliminates the requirement to obtain the employee’s original handwritten ("wet") signature on enrollment forms. In place of a handwritten signature, the electronically generated forms will indicate the phrase “Electronic Signature.” This phrase will appear on benefit enrollment forms where an election is required for the following Plans:

- Health
- Dental
- FlexCash
- Dependent Care Reimbursement Account Plan (DCRA)
- Health Care Reimbursement Account Plan (HCRA)

Please note: v8.9 Oracle/Peoplesoft Benefits Administration (Ben Admin) is required before a campus can implement eBenefits to allow employees to make benefits elections on-line. Additional configuration in Common Management Systems (CMS) Baseline is also required.
New Systemwide Electronic Signature Authorization Form

In accordance with California Government Code §1153, the campus Benefits Office is required to maintain a signed authorization form from each employee who agrees to electronically submit such requests.

Human Resources Administration (HRA) has developed the “eBenefits Self-Service Electronic Signature Authorization” form (see attached) to comply with this requirement. The form has been reviewed by the CSU Office of General Counsel and the SCO; consequently, it may not be modified.

Questions regarding this Technical Letter may be directed to Michelle Hamilton at (562) 951-4413. For Oracle/Peoplesoft related questions, contact Tammy Hines, the CMS liaison for Systemwide Human Resources at (562) 951-4418. This Technical Letter is also available on the Human Resources Administration’s Web site at: http://www.calstate.edu/HRAdm/memos.shtml.

BG/mh/th
Complete and return this form to the Campus Benefits Office.

The Oracle/Peoplesoft eBenefits Self-Service module enables you to electronically submit your benefits transaction(s) request(s) to the campus Benefits Office. The State Controller’s Office (SCO), as the pay agent for California State University (CSU), makes, cancels and/or changes a deduction or reduction at the request of the employee authorized to have the deduction or reduction. In order for the SCO to process benefits enrollments, changes and deductions that are submitted electronically to the campus Benefits Office, the CSU is required to maintain a handwritten authorization, signed by the individual from whose salary or wages the deduction is to be made.

By signing this document, I ___________________________ (print full name) authorize the campus Benefits Office to accept via electronic submission, my self-service benefits transactions requests that I am eligible for, which may include:

- New Hire Enrollment(s) and annual Open Enrollment(s):
  health, dental, vision, flexible spending plans (Health and/or Dependent Care Reimbursement Account Plans (HCRA/DCRA));

- Savings Plan Enrollment(s) and Change(s):
  (CSU 403(b) Tax Sheltered Annuity (TSA) Program);

- Life Event Processing (i.e., change in status events); and

- Dependent Information

By signing this authorization request, I agree to submit any supporting documents required by the Benefits Office in order to process benefits transaction(s) request(s) on my behalf. I also authorize the Benefits Office to send necessary information to the SCO and my selected providers to initiate and support benefits deductions and/or enrollment.

My signature on this form certifies that:

I agree that my user ID and password constitute my electronic signature and I understand that any information submitted using eBenefits Self-Service is electronically certifying my signature. I understand that I am legally bound, obligated, or responsible by use of my electronic signature as much as I would be by my handwritten signature. I agree that I will protect my electronic signature from unauthorized use, and that I will contact the CSU immediately upon discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised. I certify that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other individual.

This request is effective immediately upon receipt by the campus Benefits Office, and will remain in effect until I choose to cancel it, via written notification.

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<th>Employee Signature</th>
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<th>Accepted by Authorized Campus Representative</th>
<th>Date Signed</th>
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