

Welcome new City employee! This is a job aide to introduce you to PeopleSoft, the City’s Human Resources, Benefits and Payroll system. Please read the instructions carefully to ensure you enroll in the benefits that best fit your needs through Employee Self Service (ESS).

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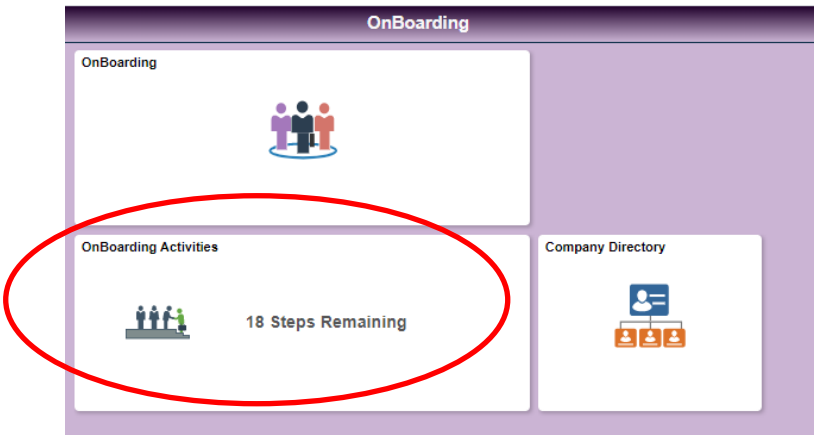
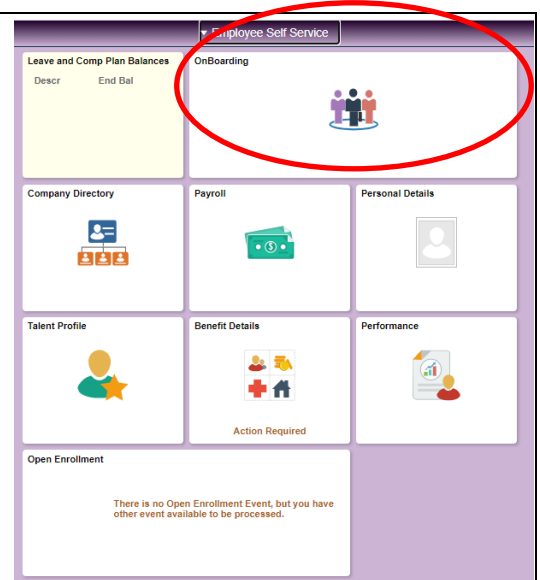
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Step 1. Beginning the New Hire Event

- Begin by logging into Employee Self Service: <https://employee.cabq.gov/psp/hrmprod/?cmd=login>
- From the Employee Self Service page, click the **OnBoarding** tile to start your life event.
- Choose the **OnBoarding Activities** tile to begin your new hire event.



Step 2. Benefits Enrollment

- You will then be taken to the Welcome Video provided by the Insurance & Benefits Manager.
- Click **Next**, at the top right corner, when the video is finished.

Step 3. Acknowledgement

- Click on the link to review the **Employee Benefits: Eligibility** page on the City of Albuquerque website.
- This page will explain:
 - Qualifications for employees to participate in benefits
 - Qualifications for any dependents an employee wishes to include on their selected benefits
 - Required documentation for all dependents
 - What qualifies as a “Life Event”
- Click on the Terms and Conditions link for review
- Place a checkmark in the box next to “**I Agree**”
- Click the **Save** button
- A password is required to proceed. Once confirmation is generated, click **Next**.

Acknowledgement

Welcome to the City of Albuquerque. You have 31 days from the date of hire to enroll in voluntary benefits such as medical, dental, etc. Navigate by using the "Next" button above.

- Please complete the entire process to ensure you completed your benefit elections, direct deposit and confirmed your personal information is correct
- Please upload any dependent documents in an electronic format
- If you need assistance with the documents, please ask a specialist for assistance
- Please carefully read the instructions on each page as this will help you successfully complete the process

I have read and understand the eligibility information found at:

<https://www.cabq.gov/humanresources/employee-benefits/insurance-benefits/employee-benefits-eligibility>

I Agree

Save

Step 4. Documents

- Step 1. Click on each of the Download buttons to review the information for:
 - ACA Exchange Notice
 - HIPAA Privacy Notice
 - Medicare Part D Notice
 - Women’s Health and Cancer Rights Act
- Step 2. Once you have reviewed the downloaded material, click on the Acknowledge buttons.
- Click the **Next** button, at the top right, when completed.

Documents

Step 1 - Download Documents

Please download the documents listed below. If you see documents in the Step 2 table, you must acknowledge or upload the updated documents.

Document / Description	File Name	Action
ACA Exchange Notice Information about the new Health Insurance Marketplace, open enrollment for the Health Insurance Marketplace, and let you know that you may qualify to save money on health insurance premiums in the Marketplace.	employer-notice-on-aca.pdf	Download
HIPAA Privacy Notice This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.	coa-hipaa-privacy-notice.pdf	Download
Medicare Part D Notice Information about your current prescription drug coverage with the City of Albuquerque and about your options under Medicare's prescription drug coverage.	medicare-d-notice-2018.pdf	Download
Women's Health and Cancer Rights Act If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the WHCRA of 1998.	whcra.pdf	Download

Documents

Step 1 - Download Documents

Please download the documents listed below. If you see documents in the Step 2 table, you must acknowledge or upload the updated documents.

Document / Description	File Name	Action
ACA Exchange Notice Information about the new Health Insurance Marketplace, open enrollment for the Health Insurance Marketplace, and let you know that you may qualify to save money on health insurance premiums in the Marketplace.	employer-notice-on-aca.pdf	Download
HIPAA Privacy Notice This Notice describes how medical information about you may be used and disclosed and how you can get access to this information.	coa-hipaa-privacy-notice.pdf	Download
Medicare Part D Notice Information about your current prescription drug coverage with the City of Albuquerque and about your options under Medicare's prescription drug coverage.	medicare-d-notice-2018.pdf	Download
Women's Health and Cancer Rights Act If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the WHCRA of 1998.	whcra.pdf	Download

Step 5. Attachments

- To upload, a marriage certificate, birth certificate, or any other required documentation for your dependents, click on the **Add Attachment** button.

Attachments

You have not added any attachment.


What documentation is needed for Dependent Benefit Enrollment? Marriage Certificate for Spouse, Birth Certificate for children, Court-endorsed Order of Adoption, Guardianship, etc.

- Click on the **My Device** icon to select your saved document. You can attach up to 5 files to upload.
- After you have selected the document, it will be attached for upload. Click on the **Upload** button.
- When upload is complete, click the **Done** button
- The Attachments page will provide a discription of the document and when it was uploaded. Provide a description of the document in the Description box. If all is correct, click the **Save** button.

File Attachment

You may attach up to 5 files to upload

Choose From



Attachment will appear here.

Attachments

You must attach your Birth Certificate, Marriage Certificate, and a proof of residence.

File Name	Description	Attached On	Action
Blank.docx	<input type="text" value="Birth Certificate"/>	07/16/2020 10:39:48AM	<input type="button" value="Delete"/>

- Click the **Next** button, at the top right, when completed.
- NOTE:** Social Security cards are not necessary and should not be uploaded.

Step 6. Dependents/Beneficiaries

- To add a Dependent or Beneficiary to your file, click on the **Add Individual** button.
- Provide the requested information:

Cancel Add Individual Dependent/Beneficiary Information **Save**

Select Save after you have edited your Dependent/Beneficiary's information. The changes will go into effect on Jul 4, 2020.

Name
 Add Name ← Click button to enter name

Personal Information

Date of Birth ← Enter information
 *Gender ← Enter information
 *Relationship to Employee ← Enter information

Dependent
 Beneficiary

*Marital Status Single As of
 *Student No As of
 *Disabled No As of
 *Smoker Non Smoker As of

Address

Address	Address Type	Same as mine
611 Lead Ave SW Apt 721 87102 Albuquerque, NM 87106	Home	Same as mine >

National ID
 No data exists ← Click button to enter SS number

Phone
 No data exists ← Click button to enter phone number

Email
 No data exists ← Click button to enter email information

- Click the **Save** button when finished entering all required information.
- Repeat the steps for each Beneficiary and/or Dependent.
- Your beneficiaries/Dependents will show on the Dependent/Beneficiary Info page.

Benefits - Dependent/Beneficiary Info

Name	Relationship	Beneficiary	Dependent
[REDACTED]	Child	✓	✓

- Click the **Next** button to continue.

Step 7. Benefits Enrollment

- Your benefit events will show a table with all your information. Click the **Start** button to begin your benefit selections.

Your Benefit Events

Event Description	Event Date	Event Status	Job Title	
New Hire	07/04/2020	Open	Police Records Tech II	Start

- Choose the tile to enter to benefit selections.
- To make your selection, click on the **Select** button next to the benefit of your choice.
- Put a checkmark next to the name of all dependents you want to have coverage.
- Click the **Done** button to return to the main benefits menu.
- Repeat this step for each benefit option. Once all changes have been made, click the **GREEN Submit Enrollment** button
- Click the **Next** button when finished selecting your benefits.

Benefits - Benefits Enrollment

The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event. If you have any questions please email us or call at 505-768-3758.

Enrollment Summary

Your Pay Period Cost **\$0.00** Full Cost **\$0.00**
 Status **Pending Review** Employer Cost **\$3.78**

Review Enrollment
Submit Enrollment

This area will show your bi-weekly benefits cost.

Benefit Plans

Medical Current No Coverage New Waive Status Pending Review 0 Dependents Pay Period Cost \$0.00 Review	Dental Current No Coverage New No Coverage Status Pending Review 0 Dependents Pay Period Cost \$0.00 Review	Vision Current No Coverage New No Coverage Status Pending Review 0 Dependents Pay Period Cost \$0.00 Review
Voluntary Life Current No Coverage New Waive Status Pending Review Pay Period Cost \$0.00 Review	Life and AD and D Current No Coverage New Basic Life/AD&D Active EE's Status Not Available 0 Beneficiaries Pay Period Cost \$0.00 Review	Dependent Life Current No Coverage New No Coverage Status Pending Review Pay Period Cost \$0.00 Review
Spousal Life	Short-Term Disability	Long-Term Disability

- NOTE: You must enter beneficiary information for the Life and AD and D benefit.**

- All information must be reviewed and verified by the Insurance & Benefits Staff for final submission. Dependent/Beneficiary designations will be updated at that time.

Medical [Cancel] [Done]

All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured. Enrollment in this benefit may require proof of coverage.

Enroll Your Dependents

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

Dependents	Relationship
<input type="checkbox"/> Girl York	Child

Add/Update Dependent

Enroll in Your Plan

The Employee Only cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

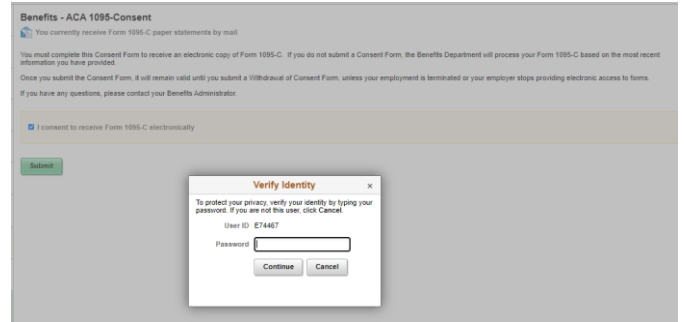
	Plan Name	Before Tax Cost	After Tax Cost	Employer Cost	Pay Period Cost
Select	Presbyterian Plan - Active	\$48.95	\$48.95	\$195.80	\$48.95
Select	Presbyterian Plan - Family	\$48.95	\$48.95	\$195.80	\$48.95
Select	Presbyterian Plan-Independent	\$48.95	\$48.95	\$195.80	\$48.95
Select	Presbyterian Active with Gym	\$48.95	\$48.95	\$195.80	\$48.95
Select	Presbyterian Family with Gym	\$48.95	\$48.95	\$195.80	\$48.95
Select	Presbyterian Indep with Gym	\$48.95	\$48.95	\$195.80	\$48.95
	Waive				\$0.00

Overview of All Plans

[Click here to view Plan information](#)

Step 8. ACA 1095-Consent

- To receive your 1095-C electronically, put a checkmark in the box and click on the **Submit** button.
- You will be required to enter your password for verification, then click the **Continue** button.
- The next page will show your consent to receive the Form 1095-C electronically, has been submitted and an email will be sent to the email address on file for you.
- Click the **Next** button, at the top right corner, to continue.



Step 9. Personal Details

- This page that will show all of your information. If there are any errors, please contact Human Resources, Employment Division at 768-3700.
- Click the **Next** button, at the top right.
- Marital Status Information. Provide your marital status. Click the **Next** button, at the top right, when completed.
- Home and Mailing addresses details. Review and click **Next**, at the top right, if correct. If not correct, click on the address to open a box where you can make changes. Make sure to click the **Save** button to save any corrections.
- Verify Contact Details. Review and click **Next**, at the top right, if correct. If not correct, click on the phone number to open a box where you can make changes. Make sure to click the **Save** button to save any corrections.
- You will then be asked to **Verify Name**. Click on the box to be taken to your information. If all is correct click the **Save** button.
- Click the **Next** button, at the top right. Your personal details will be displayed. If information is correct, click the **Next** button, at the top right. If there are any errors, contact Human Resources.
- Emergency Contact page.
- To add Emergency Contact Information, click on the **Add Emergency Contact** box. You will then be taken to a page that will allow you to enter all information for your Emergency Contact. Click **Save** when finished.
- Click the **Next** button to continue.

Step 10. Direct Deposit

- To enter account information, click on the **Add Account** button.
- Enter your bank's **Routing Number**.
- Enter your **Account Number**.
- Re-Enter your **Account Number**.
- Using the drop down menu, enter the **Account Type**.
- Use the Deposit Type drop down menu to choose: **Remaining Balance**
- **DO NOT** enter anything in the **Amount or Percent** field.
- **DO NOT** change the **Deposit Order** number.
- When you have finished entering your Direct Deposit information click on the **Submit** button.
- You will then be asked to enter your password. Click **Continue** and then the **OK** button on the next page.
- You will then be taken back to the Direct Deposit page that will provide the information you entered, for review.
- If everything is correct, click the **Next** button at the top, right corner of the page.

Direct Deposit

You have not added any direct deposit account information. [Review direct deposit information.](#)

Your Bank Information

Routing Number: 123456789 [View Check Example](#)

Distribution Instructions

Account Number: 987654321

Retype Account Number: 987654321

*Account Type: Checking

*Deposit Type: **Remaining Balance** **DO NOT Change!**

Amount or Percent: **DO NOT enter anything**

*Deposit Order: 999 (Example: 1 = First Account Processed)

Direct Deposit

Review, add or update your direct deposit information. [Review direct deposit information.](#)

Direct Deposit Details

Account Type	Routing Number	Account Number	Deposit Type	Amount or Percent	Deposit Order	Edit	Re
Checking	307070047	1234567890	Balance of Net Pay		999		

[Pay Statement Print Option](#)

Add Account

- If there are any errors, a waiting period of 24 hours is required before changes can be made. To make changes, click on the **Edit** option. You will be taken back to the Direct Deposit page where changes can be made.
- Click the **Next** button at the top, right corner of the page to continue.

Step 11. W-4 Tax

- We encourage you to fill out a W-4 form before entering your information in ESS. You can find a form at www.irs.gov.
- Review the Name and SSN at the top of the page for errors.
- Review the Personal Information section for any errors.
- Complete Step 2 through Step 4, for federal withholding
- Complete the New Mexico W-4 Data section for state withholding
- When finished completing all applicable sections, click the **Submit** box.
- You will then be asked to enter your password. Click **Continue** and then the **OK** button on the next page.

Step 12. W-2/W-2C Consent

- To receive your W-2/W-2C electronically, put a checkmark in the box and click on the Submit button.
- You will be required to enter your password. An email will be sent to the email address on file, confirming your submission.
- Click the **Next**, button, at the top right to continue.

Step 13. Talent Profile

- This section will be discussed by the Employee Learning Center.

Step 14. Summary

- This page will provide a summary of the steps you have completed for the New Hire event.
- You have the option to complete each step by clicking on the **Mark Complete** button. **All steps must be marked as complete.**
- You can return to a step, to make corrections, by clicking on the **Go to Step** button.
- Click the **Complete** button, when finished.

Step	Status	Date Completed	Required	Mark Complete	Go to Step
Before You Start	● Visited		No	Mark Complete	Go to Step
Welcome	● Visited		No	Mark Complete	Go to Step
Acknowledgement	○ Not Started		Yes	Mark Complete	Go to Step
Documents	● Visited		No	Mark Complete	Go to Step