



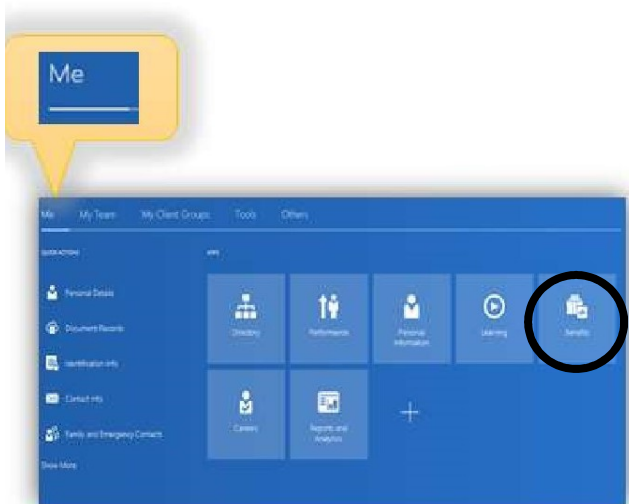
## Oracle Fusion Benefits Self-Service (Quick Reference Guide)



- ❖ Log into the Oracle Fusion system website using [memphistn.gov/fusion](http://memphistn.gov/fusion).



- ❖ If you are a first-time user or new employee, click on the "Forgot Password" link.
  - a. Enter your email address and check the Forgot password .radio button.
  - b. Click the Submit button. An email will be sent to your primary email on file with further instructions. Make sure to check your spam folders.



- ❖ After a successful login, you will see the Oracle Fusion screen. If not already highlighted, select the **Me** tab.

- ❖ Click on **Benefits**.



- ❖ Click on the **Make Changes** button.

**Note: If you are adding a dependent to your plan, please contact the Benefits Office at (901)636-6800 or email [benefitsquestions@memphistn.gov](mailto:benefitsquestions@memphistn.gov).**



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- ❖ Click the continue button.

Authorization

The City of Memphis reserves the right to amend, suspend or terminate benefit plans at any time. If there is a conflict with any plan or benefits policy, the plan policy will always govern.

- Due to ACA (Affordable Care Act) reporting, the City of Memphis is required to have an accurate social security number on the health insurance file for each covered member. Please assure that you have you and your covered members correct social security number. Failure to provide accurate information (i.e. social security numbers, birthdays, legal names, etc.) will result in termination of coverage.
- Existing coverage plans can only be changed within 30 days of a qualifying life event begin date or during the City of Memphis' Open Enrollment period, please note this does not include changing beneficiaries; you can update your beneficiaries at any time.
- Documentation must accompany all life events to support your requested changes and ensure the accuracy of enrollment and de-enrollment to your plan. This includes affidavits, marriage licenses, birth certificates, divorce decrees, and other pertinent documents. All documentation must be submitted via self-service at <https://totalrewards.memphiscity.gov> or faxed to the Total Rewards-Benefits Service Center at (901) 616-4442. Please Keep your fax confirmation and self-service confirmation as verification.
- All coverages terminate on the date of termination.
- New Hire coverage will become effective on the 1st of the month following 30 days from the hire date. This includes medical, dental, vision, life and disability plans.
- Existing employees' coverage will become effective on the date of the qualifying life event.

By submitting this request, I understand and agree that this application or any document related to the use of the City of Memphis website that electronically uses my personal username and password, and/or any other credential, certifies that I am the person identified by the username and password, and/or any other credential and that I have not disclosed that username and password, and/or any other credential to anyone else. I further acknowledge that I understand that if I purposely give false or misleading information, all coverages provided by the City of Memphis may be subjected to a denial of benefits and/or termination of all coverages.

By clicking on the "I Accept" button, this indicates that I have read, agree and understand all the above.

- ❖ The Authorization and Disclaimer page will display. Please read this page carefully. The Authorization and Disclaimer page has vital information regarding your enrollment(s) guidelines for various Life Events, as well as confirms that you are the employee using the self-service portal.

- ❖ After reading the entire form, click on the **Accept** button to proceed.

Currency in USD

Your Total Cost 0.00  
Per Pay Period

Medical

Medical

There's nothing here so far.

You need to designate dependents or beneficiaries for your selected offerings.

Choice Plan 148.00  
Employee + Children Primary

Annual Amount  
3,552.00

Secondary  
493.50

Who do you want to cover?  
 Test1, Test2 (Child)  
 Test1, Test2 (Child)

- ❖ To enroll in a plan, select the **Edit** button next to the desired plan(s) you are enrolling in.

**Note:** If you do not select a plan, you will see **'Decline'** for that plan.

- ❖ Tier and Plan Options for enrollment will depend on your coverage eligibility; select the desired plans.

The designation window will open for you to select who will be covered on your coverage for all tier options, except for **"Employee Only."** Select your eligible dependents, then click **OK**.

**Note:** If you see either alert message below, make sure to check the box next to your desired dependent(s):

- **"You need to designate dependents or beneficiaries for your selected offerings."**
- **You haven't picked any dependents yet."**



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**Life Insurance** Edit

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Life Insurance

<b>Life Employee Contributory</b>	4.35
<small>1.5 X Salary</small>	
<small>Primary Beneficiaries</small>	
<small>▼</small>	

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**Final Pay Beneficiary**

Participating

Primary Beneficiaries

▼

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Dependent Life Insurance

<b>Life Dependent</b>	1.06
<small>Participating</small>	
<small>▼</small>	

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Voluntary Life Insurance

<b>Life Voluntary Employee</b>	0.00
<small>Participating</small>	
<small>Primary Beneficiaries</small>	
<small>▼</small>	

- Medical
- Flexible Spending Account (FSA)
- Dental & Vision
- Life Insurance

**Note:** *Life Insurance - All Life Insurances, and new enrollments are subject to approval. Designated Beneficiaries will show for each Life Insurance Benefit.*

- Disability
- Others (Legal Insurance/ARAG & Sick Leave Bank)

**Sick Leave Bank**

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**Enroll in the Sick Leave Bank**  
I would like to enroll in the Sick Leave Bank.

**Minimum Donation Hours**  
I agree to donate a minimum of 16 hours (24 hours for Fire) of sick leave for Sick Leave Bank Membership.

**Additional Donation Hours**  
I would like to donate over the minimum required hours.  
0 Hours Annually

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**Continue Sick Leave Bank membership**  
I would like to continue to be a Sick Leave Bank Member.

**Minimum Donation Hours**  
I acknowledge I will donate 8 hours (12 hours for Fire) of sick leave each year of Sick Leave Bank Membership.

**Additional Donation Hours**  
I would like to donate an amount over the required 8 hours of sick leave (Amount).  
0 Hours Annually

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**Terminate Sick Leave Bank membership**  
I am a current member of Sick Leave Bank and would like to terminate my membership.

**Terminate Sick Leave Bank membership**

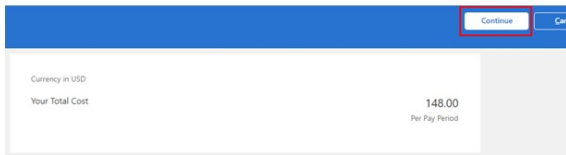
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**Decline Sick Leave Bank membership**  
I understand I cannot enroll in the Sick Leave Bank until the 2024 Open Enrollment period.

**Decline Sick Leave Bank membership**

**Note:** *You must designate your Sick Leave Bank option to move forward. To enroll in a plan, select the Edit button next to the desired Sick Leave option you are enrolling in.*

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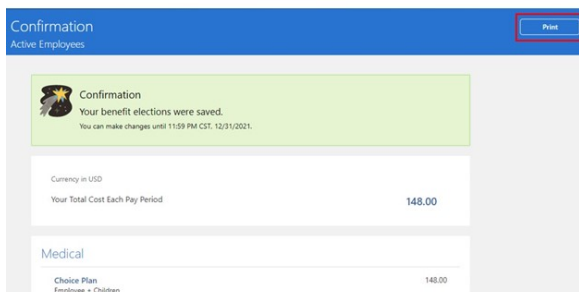


Currency in USD	
Your Total Cost	148.00 Per Pay Period



Submit

- Scroll up and select Continue. \*Notice that the total cost after all selections has increased.
- Select any other plan(s) and repeat the enrollment process. When you have completed your selections, click on Submit.



Confirmation  
Active Employees

**Confirmation**  
Your benefit elections were saved.  
You can make changes until 11:59 PM CST, 12/31/2021.

Currency in USD	
Your Total Cost Each Pay Period	148.00

Medical

Choice Plan Employee + Children	148.00
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- You will see a confirmation of benefit elections screen and detailed list of dependent designations. Verify that everything is correct.
- Click on the Print button to print off your confirmation.

**Congratulations!** You have completed your request for plan changes. REMEMBER: If you are adding dependents, all documentation must be submitted within the timeframe allowed for the enrollment change to become effective. **Otherwise, your coverage will remain the same.**