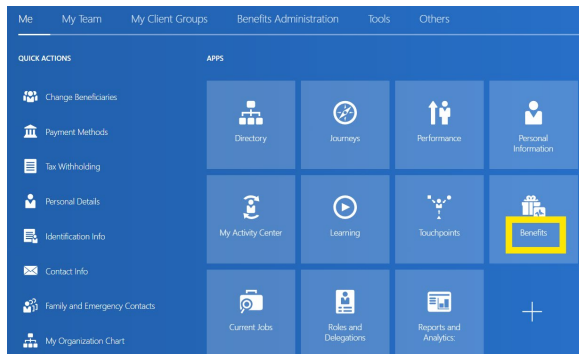


# ORACLE FUSION SELF- SERVICE ENROLLMENT

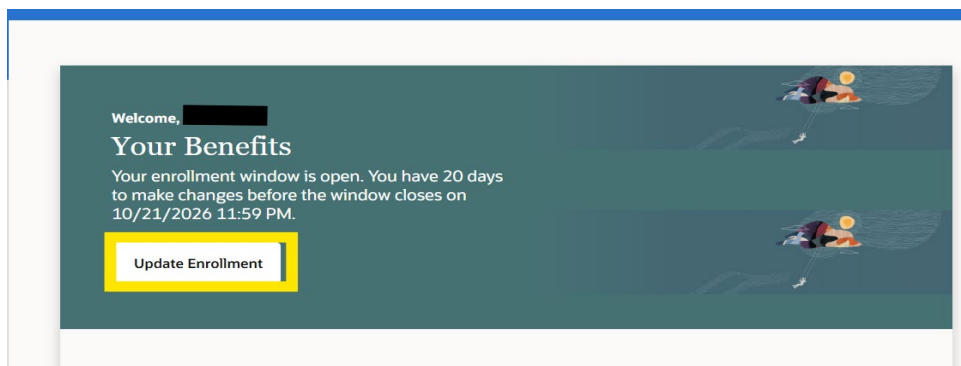
Step 1. Sign into Oracle

Step 2. Select **ME**

Step 3. Select **Benefits**



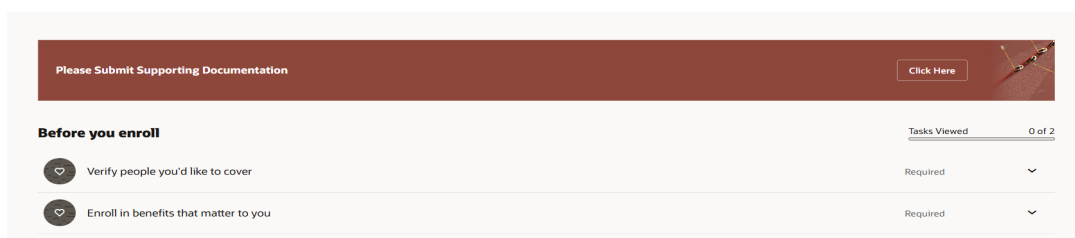
Step 4. Select **Update Enrollment/Enroll Now**



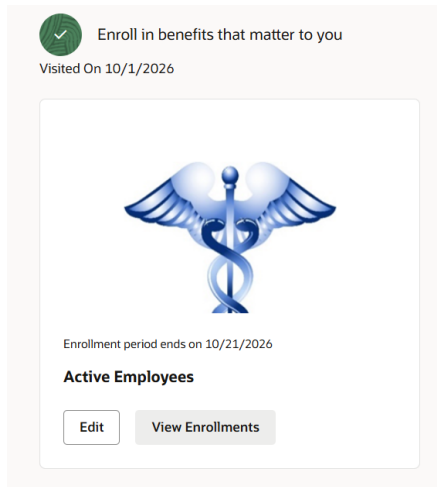
Step 5. **Submit supporting documents** will allow you to upload any supporting documents such as, Marriage Lic, Birth certificate

Step 6. **Verify people to cover** will allow you verify or add dependents or spouse

Step 7. Click on **Enroll in benefits that matter to you**



## Step 8. Click on **Edit**



Enroll in benefits that matter to you  
Visited On 10/1/2026

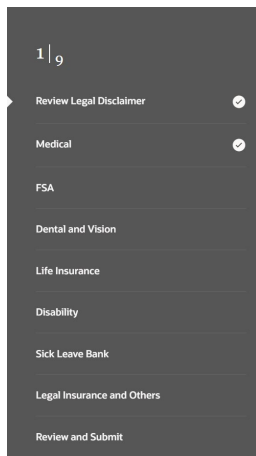
Enrollment period ends on 10/21/2026

**Active Employees**

Edit View Enrollments

## Step 9. Review Legal Disclaimer, accept and press continue button.

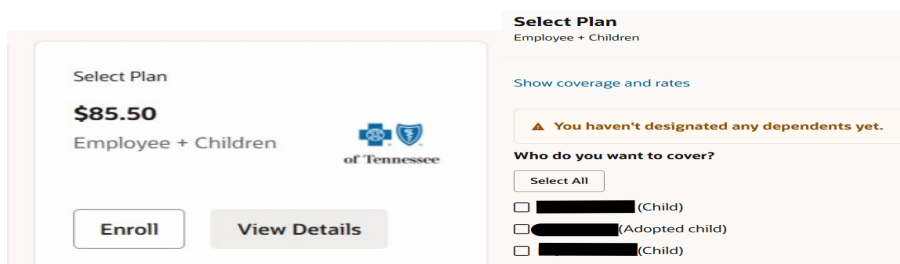
Step 10. Note the Menu on the right of the screen. You can navigate to each category as needed. Best practice is to review and confirm each category without pressing the continue button. Upon completion of each category a green check mark will appear.



1 | 9

- Review Legal Disclaimer ✓
- Medical ✓
- FSA
- Dental and Vision
- Life Insurance
- Disability
- Sick Leave Bank
- Legal Insurance and Others
- Review and Submit

Ex1: If you click on Medical, the system will show what you are currently enrolled in and what you are eligible to enroll in. You can make changes as needed.



**Select Plan**  
Employee + Children

\$85.50  
Employee + Children

of Tennessee

Enroll View Details

**Select Plan**  
Employee + Children

Show coverage and rates

▲ You haven't designated any dependents yet.

**Who do you want to cover?**

Select All

- ☐ (Child)
- ☐ (Adopted child)
- ☐ (Child)

Note: Follow the same process for each category

Step 11. Flexible Spending Accounts do not automatically reenroll each year. Participation for the 2027 plan year must be selected during enrollment.

When you click on Enroll, the system will allow you to choose the amount.

**Flexible Spending Account**

Health Care Spending Account

**\$66.67**

Spending Account



 [Enroll](#) [View Details](#)

**Decline - Health Care Spending Account**

 [Enroll](#)

**FSA Dependent Care**

Dependent Care Spending Account

**\$66.67**

Spending Account

[Enroll](#) [View Details](#)

**Enrolled**

 **Decline - Dependent Care Spending Account**

[Unenroll](#)

Step 12. Life Insurance – Any changes to life insurance require the completion of a SOH (Statement of Health). Enrollment will require approval. The Death Benefit is automatic. Be sure to check your beneficiaries and, if desired, contingent beneficiaries.

Note: Long Term Disability is automatic.

Step 13: Select your level of Short Disability coverage, if desired.

Step 14. Sick Leave Bank option.

**Enrolled** Yes I would like to enroll in the...

**8 Hours**

Hours



[Unenroll](#) ...

**Terminate Sick Leave Bank membership**

I am a current member of Sick Leave Bank and would like to terminate m...

[Enroll](#) [View Details](#) 

**Decline Sick Leave Bank membership**

I understand I cannot enroll in the Sick Leave Bank until the 2024 Ope...

[Enroll](#) [View Details](#) 

**Sick Leave Bank Enrollment - Not Interested/Already...**

[Enroll](#) 

Step 15. Legal Insurance (please see your benefits booklet for more information)

**Legal Insurance/ARAG**

Legal

**\$7.25**

Participating

[Enroll](#) [View Details](#)

**Enrolled**

**Decline - Legal**

[Unenroll](#)

Step 16. Once you have reviewed and made changes, click **Review and submit**. The Total Cost per Pay Period is shown as well as the Pretax, After tax, and annual Cost. There is a pencil in each category should any edits be needed. The black tool bar to the right will reflect 9/9 and each category has a check mark. If acceptable select the submit button.

Active Employees



Review and Submit

Total Cost per Pay Period

|             |            |
|-------------|------------|
| Pretax      | \$488.40   |
| After Tax   | \$484.25   |
| Annual Cost | \$4.15     |
|             | \$3,721.44 |



Medical

Medical

Select Plan

Employee + Children

Annually

\$2,052.00

Secondary

\$602.00

Nicotine Surcharge

Nicotine - Waived

Opted out

Cancel

Submit

9 | 9

Review Legal Disclaimer

Medical

FSA

Dental and Vision

Life Insurance

Disability

Sick Leave Bank

Legal Insurance and Others

Review and Submit

Step 16. Select View enrollments >View Report>PDF will auto populate. Select the printer in the tool bar>change printer to Save as PDF. Document will save to downloads.

Enroll in benefits that matter to you

Visited On 10/1/2026



Visited and submitted

Enrollment period ends on 10/21/2026

Active Employees

Edit

View Enrollments

Total Cost per Pay Period

|             |            |
|-------------|------------|
| Pretax      | \$488.40   |
| After Tax   | \$484.25   |
| Annual Cost | \$4.15     |
|             | \$3,721.44 |

View Report

Print

Total: 3 pages

Printer

Save as PDF

Layout

Portrait

Landscape

Pages

All

Odd pages only

Even pages only

e.g. 1-5, 8, 11-13