



# Open Enrollment Directions

October 15<sup>th</sup> through November 15th

# Click “STAFF”



The image shows a screenshot of the District 300 website. At the top, a dark blue navigation bar contains the following links: HOME, PARENTS, STAFF (circled in red), STUDENTS, and SCHOOLS with a dropdown arrow. Below this, the District 300 logo is on the left, and a secondary navigation bar contains ABOUT, ACADEMICS, SUPPORT SERVICES, CONTACT, and a search icon. The main content area features a large photograph of children playing with colorful blocks in a clear plastic bin. Overlaid on the right side of the photo is the ExceleRate ILLINOIS logo. At the bottom of the photo, white text reads: "District 300 Preschool Sites Earn ISBE's Gold Circle of Quality Award".

HOME PARENTS **STAFF** STUDENTS SCHOOLS ▾



DISTRICT 300

ABOUT ACADEMICS SUPPORT SERVICES CONTACT 🔍

ExceleRate<sup>TM</sup>  
ILLINOIS

**District 300 Preschool Sites Earn ISBE's  
Gold Circle of Quality Award**

# Click “Rapid Identity”

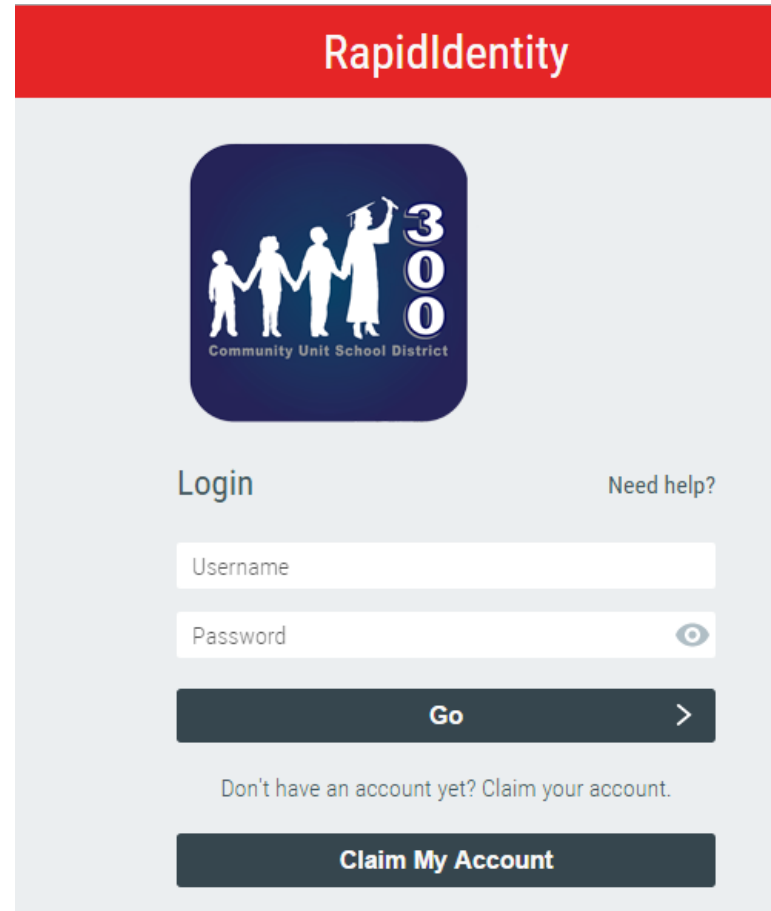
 DISTRICT 300	<a href="#">ABOUT</a> <a href="#">ACADEMICS</a> <a href="#">SUPPORT SERVICES</a> 
	<a href="#">Email Archive System</a>
	<a href="#">Employee Offers and Promotions</a>
	<a href="#">Frontline</a>
	<a href="#">Haiku Access</a>
	<a href="#">Help Desk (Service Desk)</a>
	<a href="#">Infinite Campus Staff Access</a>
	<a href="#">Kronos</a>
	<a href="#">Library (Destiny)</a>
	<a href="#">My Service Tracker</a>
	<a href="#">Paraeducator Professional Development</a>
	<a href="#">Rapid Identity</a>
	<a href="#">Raptor System</a>

## IF THIS IS THE FIRST TIME LOGGING INTO RAPID IDENTITY:

Enter your username (firstname.lastname) and the same password you use for your email. You must set up your security questions. You do not need your hire date.

Copy and paste this link:

<https://id.d300.org/arms/p/applications>






























The image shows a login page for RapidIdentity. At the top, there is a red header with the text "RapidIdentity". Below the header is a dark blue square logo containing white silhouettes of a family (a child, a woman, and a man) and a graduation cap, with the number "300" to the right. Below the logo, the text "Community Unit School District" is visible. The page has a light gray background. On the left, the word "Login" is displayed. On the right, there is a link "Need help?". Below these are two input fields: "Username" and "Password". The "Password" field has a small eye icon to its right. Below the input fields is a dark gray button with the text "Go" and a right-pointing arrow. Below the button is the text "Don't have an account yet? Claim your account." and a dark gray button with the text "Claim My Account".

Click "INFOR LAWSON"

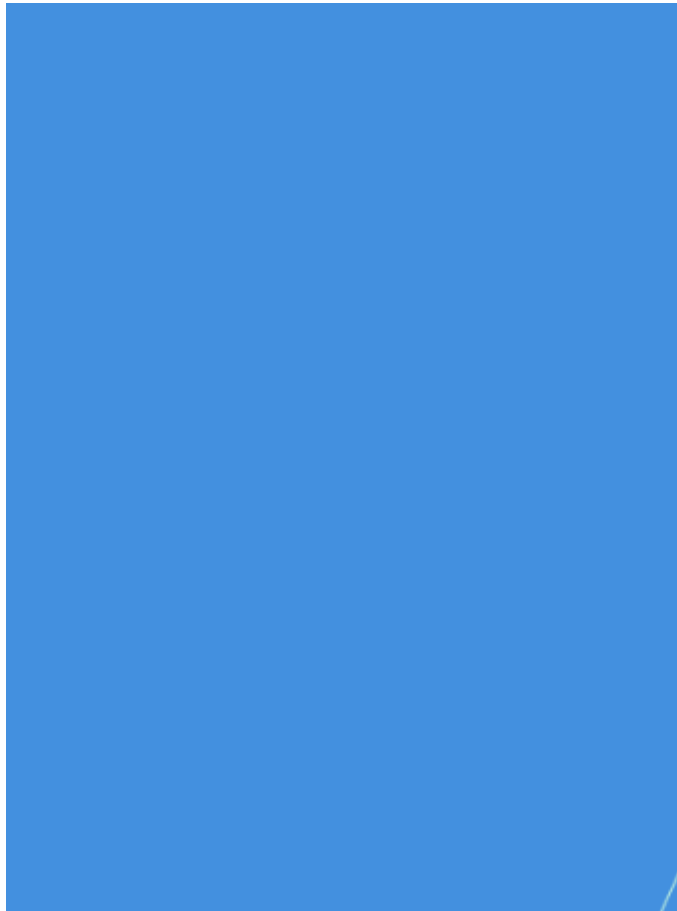
RapidIdentity Logged

Applications  
files  
les

Filter Results... Show All

 D300 Website ⓘ	 Google Drive ⓘ	 Google Email FAQ ⓘ	 Google Mail ⓘ	 Google Calendar ⓘ	 Achieve3000 ⓘ	 Discovery Educa... ⓘ	 FitnessGram ⓘ	 Galileo ATI ⓘ
 Haiku Staff ⓘ	 Hapara ⓘ	 Infinite Campus ⓘ	 i-Ready SAML ⓘ	 Odysseyware ⓘ	 Pearson EasyBri... ⓘ	 ThinkCentral ⓘ	 Typing Club ⓘ	 Flourish Staff ⓘ
 Destiny SSO ⓘ	 EBSCO ⓘ	 My Service Trac... ⓘ	 Istation ⓘ	 School Dude ⓘ	 D300 Help Desk ⓘ	 Document Self S... ⓘ	 Email Archive ⓘ	 Employee Self S... ⓘ

Username: Full email address *(including @d300.org)*  
Password: Same password used to log into your email

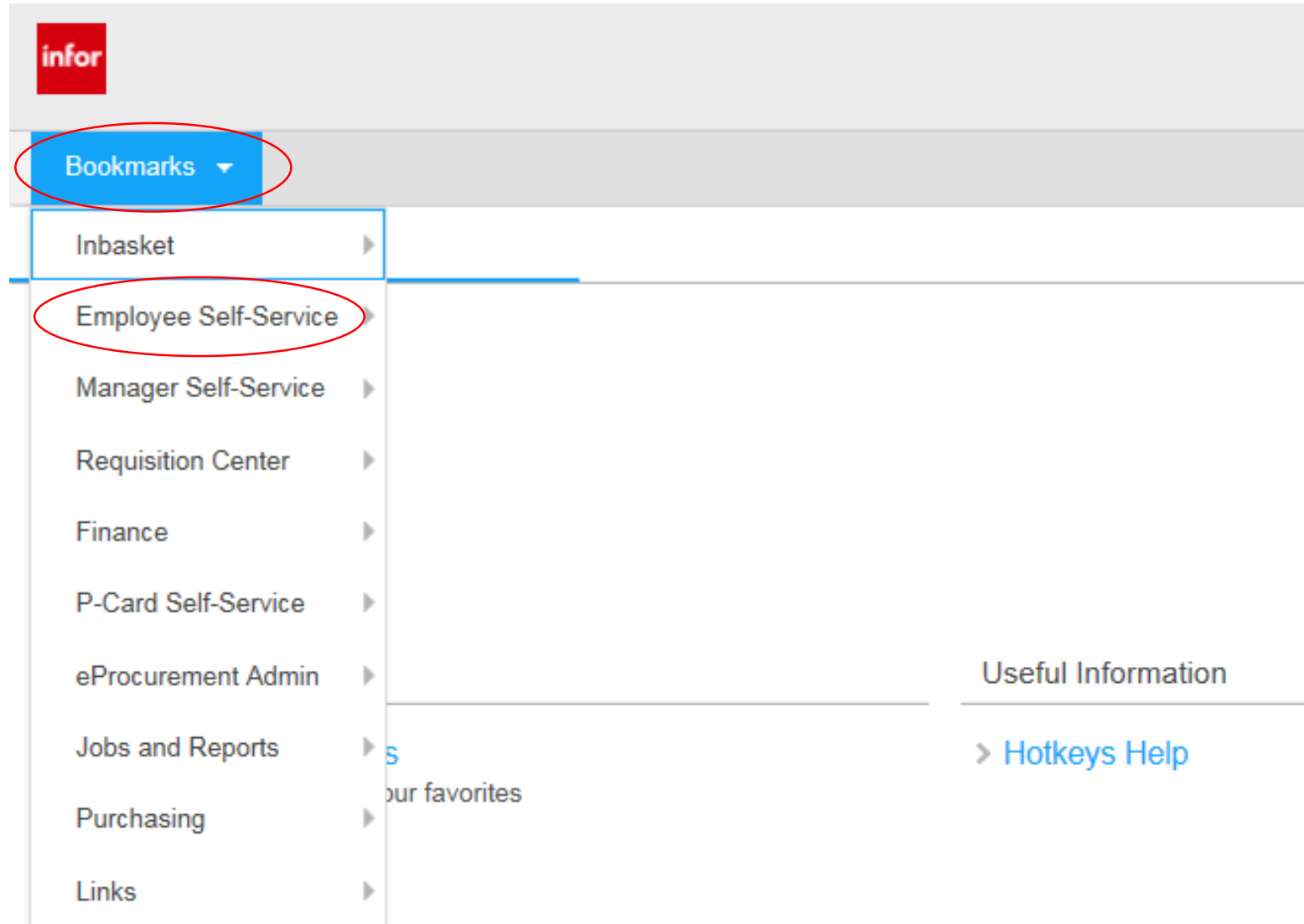


D300 AD FS

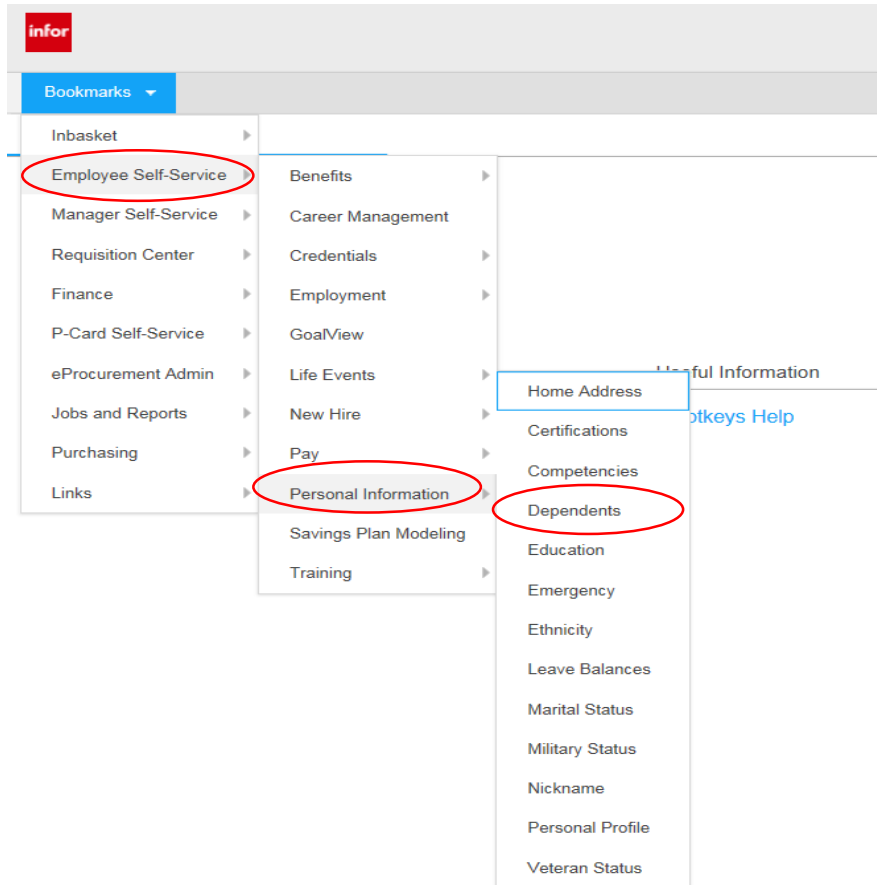
Sign in with your organizational account

Sign in

Click “Bookmarks” then “Employee Self-Service”



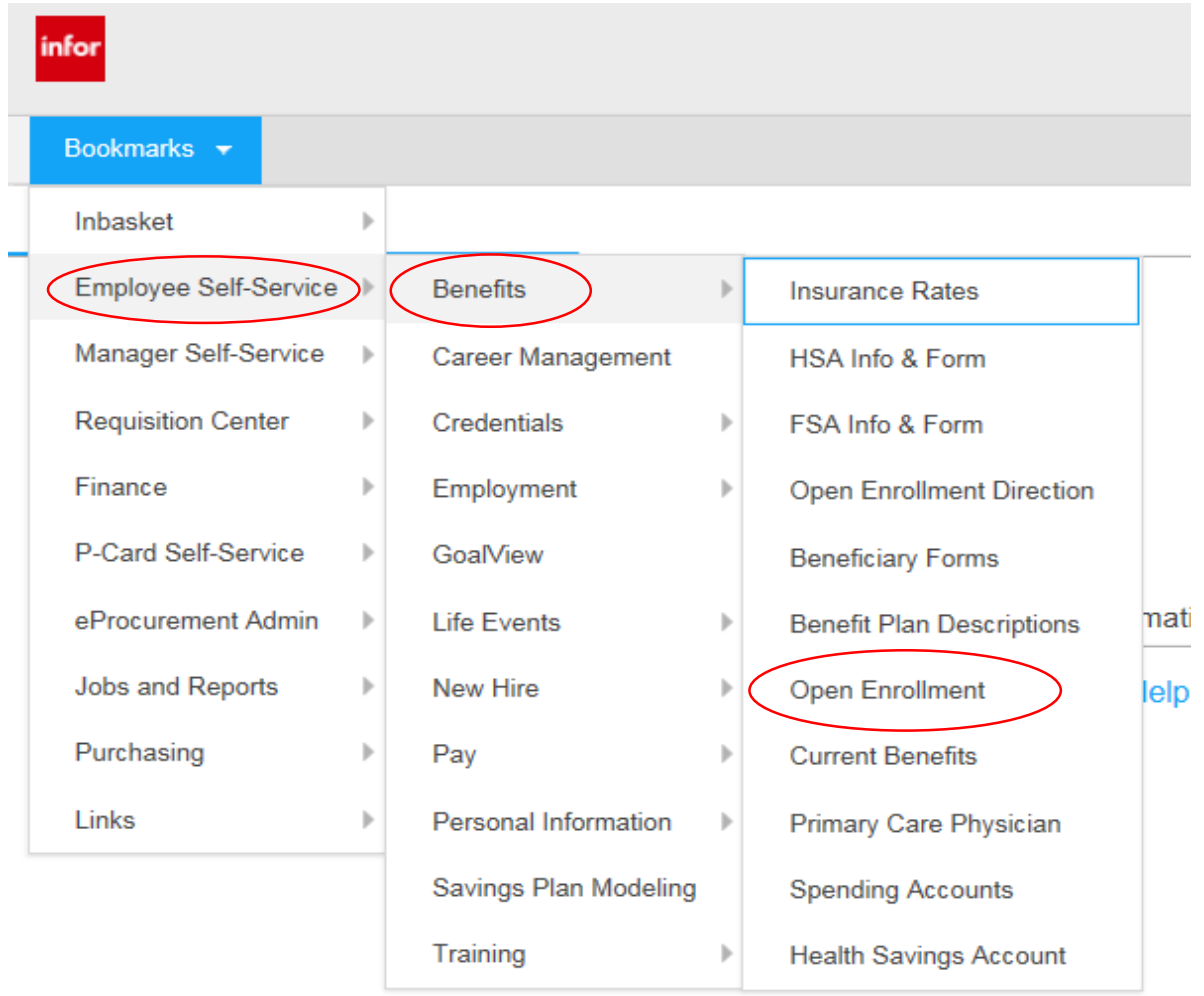
If you need to add dependents first, click “Personal Information” then “Dependents”



- If this is a new dependent, make sure to fax a copy of your dependent eligibility documentation (marriage certificate, birth certificate, etc.) to [\(847\) 551-8493](tel:8475518493).
- Make sure you add social security numbers for all of your dependents.
- If you are enrolling in a medical HMO plan make sure to add your dependent’s medical group number in the primary care physician field.
- To add your own medical group - Employee Self Service > Benefits > Primary Care Physician



After you add/or check your dependents, return to “Employee Self Service” then click “Benefits” then “Open Enrollment”



# Read the Open Enrollment message and click “Continue”

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[Benefits Enrollment](#)



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Welcome to Benefits Enrollment

Welcome to District 300 Open Enrollment!

Benefits Enrollment will be available to you from October 15 through November 15. Please note, all changes made today go into effect January 1 of the next year.

Benefits Enrollment gives you the opportunity to enroll in or make changes to your Health, Dental, Vision Insurance Plans, Flexible Spending Accounts and Health Savings Account contributions for the next year. Paper enrollment forms for FSAs and HSAs will no longer be accepted.

After Open Enrollment is closed you will need to fill out a form to make additional contributions to your Health Savings Account. Please submit this form to Human Resources to be processed.

Because this is an Active Enrollment, your benefits will not simply roll over from the current year. You MUST make elections for next year in order to continue insurance coverage past December 31.

If you wish to review the different insurance plans, you may access plan guides and descriptions on the Benefits Website.

Remember that only eligible dependents may be covered by your District 300 insurance. This includes your spouse, children and step-children. Copies of dependent eligibility documentation (i.e. marriage certificate, birth certificates) are required.

Please complete all steps of enrollment and print a copy of your benefits for your records.

Continue

# Click “Continue”

Enrollment Order

You will enroll in benefits in the following order.

Plan Type
HEALTH INSURANCE
VISION INSURANCE
DENTAL INSURANCE
MEDICAL FLEX
DEPENDENT CARE FLEX
LIMITED FLEX
HEALTH SAVINGS ACCT

[Continue](#) [Previous](#) [Exit](#)

# This screen will show you your current benefits

## Click "Continue"

Benefits Enrollment



Current Benefits

Your benefits as of 10/13/2017. Costs are Annual.

Plan	Start Date	Coverage	Your Cost
HMO - 24 deductions	01/01/2017	Family	4,960.80 Pretax
Vision Ins - 24 Deducts	01/01/2017	Family	36.48 Pretax
Dental Premier - 24 Deductions	01/01/2017	Family	203.52 Pretax
Medical FSA, 12 Months	01/01/2017	2,600.00 per year	2,600.00 Pretax
Waive Dependent FSA Coverage	01/01/2017		
Waive Limited FSA Coverage	01/01/2017		
Not in HDP Plan/Waive Contribs	01/01/2017		
Annual Summary			Cost
Total pretax contributions			7,800.80
Total aftertax contributions			0.00

Your deductions may differ slightly due to rounding.

Continue

Previous

Exit

For each plan, you can elect to keep the same coverage, keep the same option; add or change dependent coverage, change the coverage or select a different plan and click “Continue”

Benefits Enrollment



Enrollment Elections - HEALTH INSURANCE

You are currently enrolled in [HMO - 24 deductions](#). Costs are Annual.

As Of	Coverage Type	Your Cost
10/13/2017	Family	4,960.80 Pretax
01/01/2018	Family	4,960.80 Pretax

- Select Option
- Keep the same coverage
  - Keep the same option; add or change dependent coverage
  - Change the coverage
  - Select a different plan

Continue Exit

If you choose to select a different plan, select your choice and click “Continue”

Benefits Enrollment



Benefit Elections - HEALTH INSURANCE

Select the plan in which you would like to enroll.

Select Plan

- BlueEdge HSA - 24 deductions
- HMO - 24 deductions
- PPO - 24 deductions
- Blue Choice Select PPO-24 Ded
- Waive Health Coverage

Continue

Previous

Start Over

Exit

Elections

# Select your level of coverage and click “Continue”

Benefits Enrollment



Benefit Elections - HEALTH INSURANCE

You have selected [PPO - 24 deductions](#). Costs are Annual. Select one coverage option.

Select	Coverage	Cost
<input type="radio"/>	Single	2,014.56
<input type="radio"/>	EE & Chld	5,651.76
<input type="radio"/>	EE & Spouse	5,758.32
<input type="radio"/>	Family	7,966.80
<input type="radio"/>	EE/Spouse/BID	5,758.32
<input type="radio"/>	Family BID	7,966.80

How do you want to pay for this coverage?  Pretax  Aftertax

Continue

Previous

Exit

***\*\*BID plans are for spouses who are both District employees that were married and covered under the same plans prior to June 30, 2011. If you are not currently in a BID plan, you are not eligible.***

# Check the box by each dependent's name you want covered under your plan, click "Continue"

Benefits Enrollment



Benefit Elections - HEALTH INSURANCE

You have selected [PPO - 24 deductions](#). This plan may cover a spouse and your dependents. This plan covers up to 99 dependent(s). Select dependents to include for plan coverage.

Select	Dependent	Status
<input type="checkbox"/>	SPOUSE LAST NAME	Eligible
<input type="checkbox"/>	CHILD LAST NAME	Eligible

Continue

Previous



This screen will show you the plan you enrolled in, the level of coverage, the dependents listed on your plan and the total annual cost for the plan.

Benefits Enrollment ▼ ✕

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Benefit Elections - HEALTH INSURANCE

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You have selected [PPO - 24 deductions](#). Costs are Annual. Changes will be effective 01/01/2018. Review and confirm your election choices for this benefit.

Plan	Coverage	Cost
PPO - 24 deductions	Family	7,966.80 Pretax

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Covered Dependents As Of 01/01/2018

SPOUSE LAST NAME	CHILD LAST NAME
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Continue Previous Elections

- 1) If the screen is correct, click “Continue”
- 2) You will enroll in your Vision and Dental plans the same way

After completing your Health, Dental and Vision insurance enrollments, you will have the option to enroll in or waive Medical, Dependent Care and/or Limited Flexible Spending Accounts and Health Savings Account contributions through Employee Self-Service.

For each plan, you can either select the plan to enroll in it or select the option to waive the plan. Click “Continue”

Benefits Enrollment ▾ ✕

Enrollment Elections - DEPENDENT CARE FLEX

You are currently enrolled in [Waive Dependent FSA Coverage](#).

Select	Option
<input type="radio"/>	Keep the same coverage
<input type="radio"/>	Select a different plan

[Continue](#) [Exit](#)

- The Dependent Care FSA is for daycare expenses, NOT your dependents’ medical expenses.
- You cannot enroll in both the Medical FSA and the Limited Purpose FSA.
- The Limited Purpose FSA is only for employees who have enrolled in the High Deductible PPO plan.
- The Health Savings Account contributions are also only for those enrolled in the High Deductible PPO plan.

After you have completed your enrollment, you will get a summary of the plans you chose for the new calendar year.  
If it is correct, click “Continue”

Benefits Enrollment



Benefit Elections As Of 01/01/2018

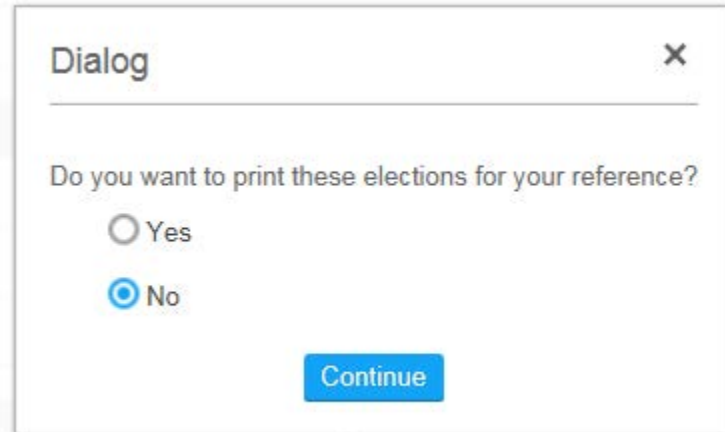
Plan	Coverage	Your Cost	
PPO - 24 deductions	Family	7,966.80	Pretax
Vision Ins - 24 Deducts	Family	36.48	Pretax
Dental Premier - 24 Deductions	Family	203.52	Pretax
Medical FSA, 12 Months	2,600.00 per year	2,600.00	Pretax
Waive Dependent FSA Coverage			
Waive Limited FSA Coverage			
Not in HDP Plan/Waive Contribs			

Plan	Covered Dependents	
PPO - 24 deductions	SPOUSE LAST NAME	CHILD LAST NAME
Vision Ins - 24 Deducts	SPOUSE LAST NAME	CHILD LAST NAME
Dental Premier - 24 Deductions	SPOUSE LAST NAME	CHILD LAST NAME

Annual Summary	Cost
Total pretax contributions	10,806.80
Total aftertax contributions	0.00

Your deductions may differ slightly due to rounding.

Choose whether or not you would like to print your elections and click “Continue” – you cannot print your elections after you have closed this window



Dialog

Do you want to print these elections for your reference?

Yes

No

Continue

Total entry contributions

Once you see this screen, you have successfully completed your enrollment. If you would like to make changes, you must wait 24 hours if you want to go back through the process and make changes. You will have through November 15<sup>th</sup> to make changes.

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[Benefits Enrollment](#)

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Enrollment Elections

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Congratulations KATIE LIND. Your enrollment is complete.

If you have any questions about your enrollment, please call  
Human Resources at (847) 551-8490.

If you experience technical problems, please call the help desk at  
(847) 551-8411.