



## Open Enrollment Reference Guide

# Santa Barbara Superior Courts

Website: [www.WORKTERRA.net](http://www.WORKTERRA.net)

### Enter User ID:

Complete first name initial followed by the last name and last four digits of your Social Security number

For example, if your First name is Joe, Last name is Test and the last 4 of your SSN is 6456 your User ID is: jtest6456 (not case sensitive)

Initial password is your Social Security Number.

Enter Your Company Name – SBSC (not case sensitive)

**Sign In**

Username

Password

Company

[Forgot Password?](#)

Click Login or press Enter on your keyboard.  
If you need assistance logging in, please call EBS Customer Service at 1-888-327-2770.

Read the Employee Usage Agreement and click Continue at the bottom of the page.

### Employee Usage Agreement

Please review and accept to proceed.

Read the Legal Agreement and click Continue at the bottom of the page.

### Legal Agreement

Read the Welcome message and click Continue at the bottom of the page.

The Open Enrollment period for the Santa Barbara County Superior Court is scheduled from October 07, 2013, through October 31, 2013, for the benefit year January 1, 2014, through December 31, 2014. The Open Enrollment period is your opportunity to make changes to your medical, dental and vision plan selection and add or remove dependents to your plan.

On the following pages you can review the benefit elections you currently have in effect. Based on your plan selections the online enrollment wizard provides navigation to the enrollment pages you must review and complete. Your enrollment changes are not complete until you have validated your selection on the Confirmation screen and clicked the Finish button.

If you have any questions, please contact a member of the Human Resources Department.

Select a secret question from the dropdown list.

Enter the answer to your secret question.

Enter a new password according to the Password Rules.  
**(Case sensitive)**

Enter the same password to confirm.

Click Save & Continue.

**Change Password** Page 4 of 11

Field(s) marked with \* are mandatory

**PASSWORD RULES :**

- Password must contain at least one numeric digit
- Password must contain at least one UPPERCASE character
- Password must contain at least one lowercase character
- Password must contain at least one special character
- Password must be MINIMUM of 8 characters

User ID: Test6165

\*Secret question: Pet's name (dropdown)

\*Secret answer: monte

\*New password: [input field]

\*Confirm password: [input field]

Buttons: Save & Continue, Reset, Back

**Plan Elections:** Choose the plan that you want by clicking the radio button next to the plan name. If you do not wish to enroll and wish to decline Medical select "Waive Enrollment". Click Save & Continue.

Available Benefits
<input checked="" type="radio"/> <b>HDHP</b> <a href="#">Click here to view Benefit Description</a> Effective 01/01/2014 Pre-tax ▼
<input type="radio"/> <b>High Option EPO</b> <a href="#">Click here to view Benefit Description</a> Effective 01/01/2014 Pre-tax ▼
<input type="radio"/> <b>Low Option EPO</b> <a href="#">Click here to view Benefit Description</a> Effective 01/01/2014 Pre-tax ▼
<input type="radio"/> <b>PPO</b> <a href="#">Click here to view Benefit Description</a> Effective 01/01/2014 Pre-tax ▼
<input type="checkbox"/> Waive Enrollment

**IMPORTANT:**

Please click [Print & Finish](#) or [Finish without Printing](#) to complete your enrollment.

Confirmation Statement	Page 12 of 12
<input type="checkbox"/> Demographics ■	
<p>I UNDERSTAND THAT PROVIDING FALSE INFORMATION OR OMISSION OF RELEVANT INFORMATION IN THIS APPLICATION MAY RESULT IN THE DENIAL OF CLAIMS OR CANCELLATION OR RESCISSION OF COVERAGE.</p>	