



Enroll In Your CTA Benefits Using Oracle Self-Service

Enter Here for Good Health



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Log into ORACLE with your username and password

ORACLE

User Name

Password

Login Cancel

Forgot your username/password?

2

Click on "CTA Employee Self Service"

Home

Navigator

- CTA Employee Self Service
- CTA Employee Self Service
- CTA iRecruitment Employee Candidate
- CTA Learner Self-Service
- CTA Time Approver 1 - Customer Information, GM

3

Click on "Benefits", then then click "Apply"

Home

Navigator

- CTA Employee Self Service
- All Actions Awaiting Your Attention
- Personal Information
- Payslip
- Benefits
- Employee Views

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If covering a dependent, click "Add a New Dependent"

CTA HR Benefits

Employee Self-Service

CVS Caremark is our pharmacy benefit provider
Humana/CompBenefits is our dental provider

Please note, eligible dependents will not be enrolled for coverage without proper documentation. Click here for documentation requirements. You must fax proper documentation to HR Benefits Services at 312 275-8722 or mail it to HR Benefits, 567 W. Lake, 3rd floor, Chicago, IL 60661-1495.
To make corrections to your dependent information contact HR Benefits Services at 312-681-2225, option 3.

Name	Relationship	Social Security Number	Birth Date	Update
No results found.				

CTA BENEFIT RESOURCES - (Information Only)

- CTA Benefits
- CVS Caremark
- My CVS Caremark
- CVS Caremark
- Humana
- Flexible Spending Accounts
- CTA 401K & 457 Plans
- GAFF-CTA System

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Enter required information, then click "Apply"
REPEAT STEPS 5 AND 6 FOR EACH DEPENDENT

Add Dependents

YOU CAN ADD A DEPENDENT OR BENEFICIARY HERE; HOWEVER, THE DEPENDENT IS NOT ACTUALLY TO THE INSURANCE PLAN UNTIL PROPER DOCUMENTATION IS RECEIVED FROM YOU BY THE HR BENEFITS SERVICES DEPARTMENT. CLICK HERE FOR DOCUMENTATION REQUIREMENTS.

* Indicates required field

Name and Relationship

Relationship

Relationship Start Date (i.e., Marriage or Birth Date)

Title

First Name

Middle Name

Last Name

Suffix

Miscellaneous Information

Social Security Number - Required

Gender

Date of Birth

Is this Person Disabled?

Apply

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To elect plan click "Update Benefits"
REPEAT STEPS 5 AND 6 FOR EACH DEPENDENT

Benefit Enrollments

Welcome To CTA HR Benefits Employee Self-Service

Benefit Update Benefits

Important Reminder:

Unless you have an eligible change in family status, open enrollment is the only time of the year when you can:

- make changes to medical and dental plans;
- opt-out of currently elected plans (documentation is required);
- add or delete dependents (documentation is required).

Outside of Open Enrollment you have 31 days from an eligible change in family status (i.e., new marriage, new birth, adoption, or divorce) to enroll eligible dependents in your CTA medical/dental plans.

Benefit representatives are available M-F, 8:00 a.m. to 4:30 p.m. at (312) 681-2225, option 3.
If you experience technical difficulty enrolling through self-service, contact HR Technology at (312) 681-2225, option 4.

Benefit Selections

Plan	Option	Coverage Start Date	Pre Tax Cost (does not include cost for suspended coverage)	FSA Pre Tax Cost
Medical - Cigna	Single (90%-70%)			0.00
Dental - Humana Dental FPO	Single			0.00
Life Insurance - State AD&A 01 Jan 10	Annual Salary Y			0.00
Life Insurance - State AD&A 01 Jan 10	Annual Salary Y			0.00
Total				0.00

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Check the box next to the Plan/Option of your choice, then click "Next"

Update Benefits: Update Enrollments

Name: _____ Program Enrollment Period: _____

Medical

PLEASE SELECT YOUR MEDICAL PLAN AND OPTION
(ADDING NEW DEPENDENTS REQUIRE DOCUMENTATION I.E. MARRIAGE LICENSE, BIRTH CERTIFICATE, ETC. YOUR DEPENDENTS WILL NOT BE COVERED UNTIL DOCUMENTATION IS RECEIVED.)

Include Certification is required

Plan	Option	Select	Biweekly Deduction	Annual Opt Out Provision (paid bi-weekly)
Single	Single (80%-90%)	<input type="checkbox"/>		
	Family (80%-90%)	<input type="checkbox"/>		
	Single (80%-70%)	<input type="checkbox"/>		
	Family (80%-70%)	<input checked="" type="checkbox"/>		
No Medical		<input type="checkbox"/>		
Hybrid Health Plan		<input type="checkbox"/>		

Dental

PLEASE SELECT YOUR DENTAL PLAN AND OPTION
(ADDING NEW DEPENDENTS REQUIRE DOCUMENTATION I.E. MARRIAGE LICENSE, BIRTH CERTIFICATE, ETC. YOUR DEPENDENTS WILL NOT BE COVERED UNTIL DOCUMENTATION IS RECEIVED.)

Plan	Option	Select	Biweekly Deduction
No Dental		<input type="checkbox"/>	
Humanis Dental PPO	Single	<input checked="" type="checkbox"/>	
	Family	<input type="checkbox"/>	
Concord Pantage 75	Single	<input type="checkbox"/>	
	Family	<input type="checkbox"/>	

Next

Contact Information

312 681-2225, press "3"
 312 275-8722 (fax)
 transitchicago.com/hrbenefits (web)
 benefits@transitchicago.com (email)

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Check the box next to the dependents you want to cover, then click "Next"

Benefits Enrollment | Current Benefits

Update Enrollments | Cover Dependents | Attachments | Confirmation Statement

Update Benefits: Cover Dependents

Name: _____ Program Enrollment Period: _____

Event Name: _____

Dependent Selection

The benefit selections you have made do not require the designation of any dependents. Please click Next to continue.

Please note, eligible dependents will not be enrolled for coverage without proper documentation. Click here for documentation requirements.

Next

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To upload dependent documentation, click "Add Attachment", Browse to locate saved document, then click "Apply". VERIFY ATTACHMENT AT BOTTOM OF SCREEN, then click "Next"

Benefits Enrollment | Current Benefits

Update Enrollments | Cover Dependents | Attachments | Confirmation Statement

Attachments

Name: _____ Program Enrollment Period: _____

Event Name: _____

Person Enrollments

No results found

Dependent Certifications

No results found

Beneficiary Certifications

No results found

Attachments

Search

Note that the search is case insensitive

Title: _____

Show More Search Options

Add Attachment

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update	Delete
No results found.								

Next

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Review your new elections and dependent information

Benefits Enrollment | Current Benefits

Update Enrollments | Cover Dependents | Attachments | Confirmation Statement

Confirmation

Your changes have been saved. To make additional changes, return to the Overview page and repeat the process. Please print this page for your records.

Confirmation Statement

Name: _____ Program Enrollment Period: _____

Event Name: _____

Congratulations!

You have successfully enrolled yourself into CTA Benefits. New dependents require documentation before coverage is approved. If you have chosen to waive coverage, you are required to provide proof of outside coverage to HR Benefits Services. To make additional changes, return to the Overview page and repeat the process. Please print a copy of the confirmation page for your records.

FOR ANY QUESTIONS REGARDING YOUR BENEFIT PLANS CALL:
 (773) 681-2225, press 3

FOR TECHNICAL ISSUES WITH SELF-SERVICE CALL:
 (773) 681-2225, press 4

Benefit Selections

Plan	Option	Coverage	Coverage Start Date	Pre-Tax Cost (does not include cost for suspended coverage)	FSA Pre-Tax Cost
Medical	Single (80%-70%)				0.00
Dental	Humanis Dental PPO	Single			0.00
Life Insurance	Basic Life An. Of Jan 1st	Annual Salary x1			0.00
Life Insurance	Basic AD&D An. Of Jan 1st	Annual Salary x1			0.00
401K					0.00

Finish

