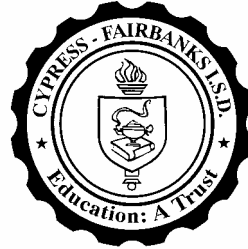


***CYPRESS-FAIRBANKS
INDEPENDENT SCHOOL DISTRICT***



*EMPLOYEE GUIDE
for
ON-LINE BENEFIT ENROLLMENT*

using

benefitsCONNECTSM
your complete benefits management and enrollment solution

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Welcome to the Cypress-Fairbanks Independent School District's on-line benefit program! *The district has chosen this on-line benefits management system to open the lines of communication to you, the employee. It allows for easy access to review and enroll in your benefits!*

Through benefitsCONNECTSM, you have access to your personal benefits information 24 hours a day, 7 days a week, at the click of a computer key. You can access this information from anywhere that you have access to the internet... your home, office, department kiosk or any mobile internet device.

This employee guide was designed for use by a:

- *new employee,*
- *current employee changing their benefits during the district's annual enrollment period.*

FIRST THINGS FIRST

Getting started on *benefitsCONNECTSM* requires just a little preparation.

- Review your benefit options in advance. This information can be found in the district's "Benefits Bulletin." For more detailed information including plan summaries, agent contact information and links to insurance companies and their provider networks, go to "Your Benefit Station" on the district's Insurance Department's web page at www.cfisd.net.
- Before you log on to the system, please have the following information on hand:
 - ☞ Your social security number
 - ☞ The birthdate(s) and social security number(s) of your eligible dependent(s) you plan to enroll in your benefit plans
 - ☞ Primary Care Physician Identification Number(s), if required under your Medical and/or Dental Insurance Plan(s)

ACCESSING THE SYSTEM

To access the system, you will need a kiosk computer at your school campus or a computer with a standard internet browser. If you are unsure of the location of a kiosk computer, please ask a department or campus administrator.

Please refer to the directions which best describe the computer you are using.

[Accessing from a campus kiosk computer](#)

If you are at a district kiosk computer, you should be connected to the INSIDE CFISD.NET website at <http://inside.cfishd.net>. From here, go to Departments and select Insurance from the drop down menu. On the Insurance Department's web page you can access *benefitsCONNECT*SM by clicking on the *benefitsCONNECT*SM icon.

[Accessing from any other computer](#)

To access the *benefitsCONNECT*SM system, type in the district's web address: www.cfishd.net. From the CFISD home page, go to Departments and select Insurance from the drop down menu. On the Insurance Department's web page you can access *benefitsCONNECT*SM by clicking on the *benefitsCONNECT*SM icon.

Should the district's website be unavailable, you can access *benefitsCONNECT*SM at www.benefitsconnect.net/cfishd.

[Log-In](#)

You should now see the *benefitsCONNECT*SM log-in screen. *benefitsCONNECT*SM requires a unique username and password for each user. Your **username** is the first six (6) letters of your last name, followed by the first letter of your first name, followed by the last four (4) digits of your social security. If your last name contains less than six (6) letter, please see the example below. Your password is your social security number with no dashes or spaces.

Examples:

Name: Jane Dovebar Social Security: 123-45-6789
User name: dovebaj6789 Password: 123456789

Name: John Doe Social Security: 987-65-4321
User name: doej4321 Password: 987654321

[New Password](#)

The first time you access the system, you will be prompted to change your password. Following the requirements on the screen, enter your new password twice and click on **ENTER**.

The password you create will be used for future log-ins.

After 5 unsuccessful log-in attempts, the system will lock you out. At this time, your password will need to be reset.

Should you experience any problem logging in or need your password reset, please contact the district's Help Desk at:

| | |
|-----------------|------------------|
| Phone | 281-897-4357 |
| Monday–Thursday | 6:30am – 5:00pm |
| Friday | 6:30am – 4:30pm. |

Once you are in the system...it is important to know that after 45 minutes of no activity, your session will time out and you will be logged off of the system. If this happens while you are enrolling, note that when you log-in again you will return to the same page you were on when your session had timed out.

If you choose to have the system email you a new temporary password, you may need to view the email in HTML mode.

[Employee Usage Agreement](#)

The next screen you should see is the Employee Usage Agreement. This agreement should appear every time you log in to the system. The Employee Usage Agreement explains that enrolling on-line is like signing the enrollment form. Take a few moments to read this section to ensure that you understand the terms of your "electronic signature" within *benefitsCONNECT*SM. When you have reviewed and understand this information, click on **CONTINUE**.

NAVIGATION AND DATA ENTRY TIPS

*benefitsCONNECT*SM is designed to work with navigation buttons provided on the site, so review the following tips before proceeding.


HELP!... If you need assistance while working in *benefitsCONNECT*SM don't hesitate to click on [help](#) at the upper right hand corner of the screen.

BACK AND FORTH... It is very important to try to avoid using your web browser's "back" and "forward" arrows while in the system. Use the navigation Buttons in *benefitsCONNECT*SM  

REQUIRED DATA... As noted on each screen, the **Bold** items are required for you to continue to the next page. Of course, the more information entered, the better the system will work for you; but you may skip non-bolded items if they are irrelevant or you do not wish to complete those items.

RESET... To clear all of

the fields and "start over" on that particular page, click on

MOVING ON... When each page is completed, go to the  bottom of the page and click on



UNABLE TO FINISH?... If you are unable to complete this process due to unavailability of data, time constraints, etc. you should **logout** and log-in at another time. When you log-in again, you will begin where you left off, the data you entered will still be there.

WHAT ARE THOSE SYMBOLS? If you just "hover" your cursor/arrow over the icons, the definition of the icons will be revealed. Here are some common ones:

 = Delete  = Edit  = Preview

LINKS... **words, names or phrases in bold red** that become underlined when you put your cursor/arrow on them, will bring you to the section.

SCREEN NAVIGATOR... The line is at the top of your screen. Click on the **red items** to quickly jump back to those previous screens.

Please refer to the section that best describes your enrollment status.

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A. New Employee

As a new employee of the Cypress-Fairbanks Independent School District, you have **31 days from your first day of paid employment to enroll in benefits and submit any required forms.** Please see the "Benefits Bulletin" or visit the Insurance Department's web page on the district's website for benefit options and rates.

If your enrollment is **not completed within 31 days** from your date of hire, your next opportunity to enroll in benefits will be during the district's Annual Enrollment Period (see Enrollment Status, Section B, page 9) unless there is an event that qualifies for benefit changes (see Enrollment Status, Section C, page 12).

The benefits that are **elected during your new employee 31 day eligibility period** will remain in effect for the remainder of the plan year until the next Annual Enrollment Period (see Enrollment Status, Section B, page 9) unless there is an event that qualifies for benefit changes (see Enrollment Status, Section C, page 12).

A portion of your personal information, including your date of hire, has been entered into *benefitsCONNECT*SM for you.

[Employee data entry screens:](#)

[Personal Information](#)

You may edit limited information on this screen. Please review the information and report any needed changes through the Employee Access Center which is located on the INSIDE CFISD.NET website at <http://inside.cfisd.net>.

[Dependent Information](#)


Enter as much dependent information as possible. Fields in **bold** are required. Your dependent's information will not be saved without a social security number and a date of birth. **Do not change the status of your dependent. This could cause an undesired change in your benefits. Benefits are neither selected nor unselected by changing the status of a dependent.**


Benefit Selection

Once all of your personal and dependent data is entered and saved, you will have access to enroll in the benefits for which you are eligible.




Each **benefit plan type** (e.g. medical, life, dental) will appear individually for you to select the particular plan and coverage you want.

As you are working through the benefit screens you can:

 **VIEW PLAN COST...** To quickly view a particular benefit plan's cost, click on the circle to the left of the benefit name. Then click on the box next to each eligible family member or choose the coverage level that you are considering. Your cost will automatically show up in the box to the right of the members' names and will be updated with each member you add or remove from coverage.

 **VIEW TOTAL BENEFIT COST...** As you select plans, the cost will be continually added to the "Election Summary" box to the right of the plan lists.

SELECT YOUR BENEFIT COVERAGE... After you have reviewed the plan information and the costs of each plan on each benefit type page:

-  Click on the circle next to the appropriate plan (or next to "I waive enrollment..." at the bottom of the page if you do not want that type of coverage at all.)
-  Click on the box next to each family member to be covered by the particular plan.
-  If required under the plan, enter the primary care physician identification number by clicking on the sentence at the bottom of the page. (If you don't know if one is required, click "Save & Continue" and the system will let you know if it's required.) *If available, there will be a link to a directory of physicians. If so, you will be guided through a physician selection process to obtain a physician identification number.*

FORMS... One or more of your benefit plans may require a paper form to be submitted to the insurance carrier. If this is the case, you will be prompted to print the necessary form(s) at the end of your on-line enrollment session. Some of the required information may be pre-filled. Complete the form, sign and submit as directed.

Consolidated Enrollment Form

This form will display all of the data from each of the sections listed above, including both your personal and enrollment information. Please review for accuracy and confirmation of elections.

If you need to change a benefit election or dependent information, click on [click here to edit](#) next to that item. After saving your change, you will be brought back to the Consolidated Enrollment Form.

If everything appears correct, you can **print** this page and click the **finished** button.

At the end of your session, click the **logout** button at the top right hand corner of your screen.

Once your benefit enrollment process is finished and upon future log-ins, you will be shown the Employee Menu. An overview of the Employee Menu can be found on page 13 of this guide.

B. Annual Enrollment Period

The Annual Enrollment Period occurs each spring, beginning in March, for a May 1 plan year. During this time, current employees may add or remove dependents and add, waive, or change benefit plan elections. Please see the "Benefits Bulletin" or visit the Insurance Department's web page on the district's website for benefit options and rates.

The benefits elected may be edited at any time during the Annual Enrollment Period. At the end of the Annual Enrollment Period, the benefits elected are irrevocable for the entire plan year (May 1 through the following April 30) unless there is an event that qualifies for benefit changes (see Enrollment Status, Section C, page 12).

Employee data entry sections:

Personal Information

You may edit limited information on this screen. Please review the information and report any needed changes through the Employee Access Center, located on the INSIDE CFISD.NET website at <http://inside.cfisd.net>.


Dependent Information


Review and update dependent information or add new dependents. Fields in **bold** are required. Dependent(s) added during the annual enrollment period will not be saved without a social security number and date of birth. **Do not change the status of your dependent. This could cause an undesired change in your benefits. Benefits are neither selected nor unselected by changing the status of a dependent.**

Benefit Selection




Once all of your personal and dependent information is reviewed and entered, each **benefit plan type** (e.g. medical, dental, life) will appear individually for you to select the particular plan and coverage you want for the upcoming plan year. The plan will display the coverage you currently have. If you do not need to make a change, simply click on **SAVE & CONTINUE**.

As you are working through the benefit screens you can:

 **VIEW PLAN COST...** To quickly view a particular benefit plan's cost, click on the circle to the left of the benefit name. Then click on the box next to each eligible family member or choose the coverage level that you are considering. Your cost will automatically show up in the box to the right of the members' names and will be updated with each member you add or remove from coverage.

 **VIEW TOTAL BENEFIT COST...** As you select plans, the cost will be continually added to the "Election Summary" box to the right of the plan lists.

SELECT YOUR BENEFIT COVERAGE... After you have reviewed the plan information and the costs of each plan on each benefit type page:

-  Click on the circle next to the appropriate plan (or next to "I waive enrollment..." at the bottom of the page if you do not want that type of coverage at all.)
-  Click on the box next to each family member to be covered by the particular plan.
-  If required under the plan, enter the primary care physician identification number by clicking on the sentence at the bottom of the page. (If you don't know if one is required, click "Save & Continue" and the system will let you know if it's required.) *If available, there will be a link to a directory of physicians. If so, you will be guided through a physician selection process to obtain a physician identification number.*

FORMS... One or more of your benefit plans may require a paper form to be submitted to the insurance carrier. If this is the case, you will be prompted to print the necessary forms at the end of your on-line enrollment session. Some of required information may be pre-filled. Complete the form, sign and submit as directed.

 **Consolidated Enrollment Form**

This form will display all of the data from each of the sections listed above, including both your personal and enrollment information. Please review for accuracy and confirmation of elections.

If you need to change a benefit election or dependent information, click on [click here to edit](#) next to that item. After saving your change, you will be brought back to the Consolidated Enrollment Form.

If everything appears correct, you can **print** this page and click the **finished** button.

At the end of your session, click the **logout** button at the top right hand corner of your screen.

Once your benefit enrollment process is finished and upon future log-ins, you will be shown the Employee Menu. An overview of the Employee Menu can be found on page 13 of this guide.

C. Events that Qualify for Benefit Changes

Employees are eligible to enroll themselves and their dependents in the district's group benefit plans when they are first hired and once a year, thereafter, during the annual enrollment period. Once an employee elects to enroll, or not to enroll, that election is irrevocable for the entire plan year, which begins May 1st and ends April 30th of the following year. The exception to this is an event that qualifies for a benefit status change (qualifying event).





If you or your dependent experiences something you think may be a qualifying event, you should contact the district's Payroll Department as soon as possible. Any change you wish to make in your coverage as a result of a qualifying event must be made within 31 calendar days of the date of the event and must be submitted with documented proof of the qualifying event.

Below is a list of the qualifying events that are eligible for benefit status change and the required document:

- a spouse's change in employment status (letter from employer)
- marriage or divorce (copy of marriage document or divorce decree)
- birth, adoption, or placement of a child (birth "facts" from hospital, birth certificate or official placement documents)
- full time student status for child over the age of 19 (statement from school)
- increase or reduction of work hours (letter from employer)
- death of a dependent (death certificate or obituary)
- a dependent child's loss of eligibility due to age, marriage or financial independence
- change of Medicare or Medicaid eligibility resulting in enrollment or termination of coverage (letter from Medicare or Medicaid documenting effective date of coverage or termination)

EMPLOYEE MENU

Once your benefit enrollment process is complete and upon future log-ins, you will be shown the Employee Menu. The sections are as follows:

| | |
|--|---|
|  <p>personal information</p> | <p><u>Personal Information</u> You may access and edit limited information in this section. You may also change your password and track the forms you have printed.</p> <p>All other personal information changes should be made in the Employee Access Center, found on the INSIDE CFISD.NET website at http://inside.cfishd.net.</p> |
|  <p>dependent information</p> | <p><u>Dependent Information</u> You may access and edit information regarding your dependents in this section. You may also add a dependent, if applicable.</p> |
|  <p>benefits plan information</p> | <p><u>Benefits Plan Information</u> You may view your enrollment in benefits in this section. You may change benefit elections only if it is an Annual Enrollment Period for your organization.</p> <p>Check out the "Statement of Benefits"... Find out what your employer is providing for you as a valuable employee!</p> |
|  <p>company communications</p> | <p><u>Company Communications</u> Items such as forms that are commonly used by your organization, and other Human Resources/ Benefits information reside here for the employees to access at any time from anywhere.</p> |

**CYPRESS-FAIRBANKS INDEPENDENT SCHOOL DISTRICT
NOTICE OF PRIVACY PRACTICES**

REQUIRED NOTIFICATION

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

OUR LEGAL DUTIES

We are required by law to reasonably safeguard the privacy of your protected health information. We are also required to give you this notice about our legal duties and privacy practices relating to protected health information. Protected health information is any individually identifiable health information, whether oral or recorded in any medium, that is created or received by entities such as health care providers, health plans, or employers, and relates to the physical or mental health or condition of an individual, or to the payment for the provision of health care to an individual and that is maintained in a designated record set(s).

We are required to abide by the terms of this notice currently in effect. We reserve the right to change our privacy practices and the terms of this notice for all protected health information we maintain even if it was created or received before issuing the revised notice. If a material revision is made, we will distribute a copy of the revised notice.

This notice takes effect on April 14, 2003, and remains in effect until we replace it.

You may request a copy of this notice at any time or you may view it on our website at WWW.CFISD.NET. For more information about our privacy practices, or for additional copies of this notice, please contact the individual designated at the end of this notice.

USES AND DISCLOSURES

We may use and disclose your health information for treatment, payment, and healthcare operations. For example:

Treatment: We may use and disclose your protected health information to provide, coordinate, or manage your health care and any related services with a physician or other health care provider.

Payment: We may use and disclose your protected health information to determine and to fulfill coverage responsibilities and to provide benefits under the District's health plan. We may also use and disclose your protected health information to obtain or provide reimbursement for benefits provided.

Healthcare Operations: We may use and disclose your protected health information for certain administrative, financial, legal, and quality improvement activities necessary to run our business and to support the core functions of treatment and payment. Such activities include, but are not limited to, underwriting and other activities relating to the creation, renewal, or replacement of a contract for health benefits. Such activities also include sharing your protected health information with third party "business associates" that perform various activities for us.

In addition to treatment, payment and health care operations purposes, we may use or disclose your protected health information for the following purposes:

Family and Representatives: We must disclose your protected health information to you, as described in the Patient Rights section of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary for the proper provision or payment of healthcare.

Persons Involved in Your Care: We may use or disclose protected health information to notify, or assist in the notification of (including identifying or locating) a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death. If you are present you will have the opportunity to object to such use or disclosure of your protected health information. If you are not present, or the opportunity to agree or object cannot be provided due to incapacity or emergency, we, in the exercise of professional judgment, may determine whether the disclosure is in your best interest. We may use professional judgment and our experience with common practice to make reasonable inferences of your best interest in allowing a person to act on your behalf to pick up protected health information.

Required by Law: We may use or disclose protected health information to the extent that such use or disclosure is required by federal, state or local law and the use or disclosure complies with, and is limited to, the relevant requirements of such law.

Public Health Activities and Related Purposes: We may disclose your protected health information to public health authorities authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, disability, or child abuse or neglect. We may also disclose your protected health information to a person subject to the jurisdiction of the Food and Drug Administration (FDA) with respect to an FDA-regulated product or activity for which that person has certain responsibilities.

Abuse or Neglect: We may disclose protected health information about an individual whom we reasonably believe to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive reports of such abuse, neglect, or domestic violence.

Health Oversight Activities: With certain exceptions, we may disclose your protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of specified programs.

Judicial and Administrative Proceedings: We may disclose protected health information in the course of any judicial or administrative proceeding: 1) in response to an order of a court or administrative tribunal, or 2) in response to a subpoena, discovery request, or other lawful process.

Law Enforcement Purposes: We may disclose your protected health information for a law enforcement purpose to a law enforcement official as required or permitted by law.

Workers' Compensation: We may disclose protected health information as authorized by and to the extent necessary to comply with laws relating to workers' compensation or other similar programs that provide benefits for work-related injuries or illness without regard to fault.

Health and Safety: We may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information, if we, in good faith, believe the use or disclosure will avert a serious threat to health or safety of a person or the public.

Plan Sponsor: We may disclose your protected health information to District officials as needed to fulfill our administrative responsibilities relating to the District's Health Care Plan.

National Security: We may use and disclose the protected health information of individuals who are Armed Forces personnel for activities deemed necessary by appropriate military command authorities to assure the proper execution of the military mission, if the appropriate military authority has published by notice the appropriate information. We may also disclose to authorized federal officials health information required for lawful intelligence, counterintelligence, and other national security activities. We may disclose to a correctional institution or law enforcement official having lawful custody of an inmate or other individual protected health information about such inmate or individual upon a showing of necessity.

INDIVIDUAL RIGHTS

Access: You have a right of access to inspect and obtain a copy of protected health information about you, with limited exceptions, for so long as we maintain the information. You may request the information in a format other than hard copies and we will comply with your request if practicable. You must make your written request for a copy to the contact person listed at the end of this notice. You will be charged a reasonable cost-based fee for expenses such as copies, labor, postage, and a summary of the health information if you request one. You may also request access by sending written notice to the contact person at the end of this notice. You have a right to request a review of certain denials of access.

Restriction: You have the right to request additional restrictions on the use and disclosure of your protected health information. We are not required to agree, but if we do, we are required to abide by the restriction. We must also accommodate reasonable written requests to receive communications of protected health information by alternative means or at alternative locations, if you clearly state that the disclosure of all or part of that information could endanger you.

Amendment: You have the right to request that we amend your protected health information. Your request must be in writing stating the reason for your request and must be provided to the contact person listed at the end of this notice. We have the right to deny such requests under certain circumstances. If your request is denied, you have a right to submit a written statement disagreeing with the denial.

Accounting: You have a right to receive an accounting of disclosures of your protected health information made by us or our business associates for purposes other than treatment, payment or health care operations and certain other activities. The request may be for disclosures in the six years prior to the date on which the accounting is requested, but not before April 14, 2003. The first request for an accounting is provided free of charge. Additional requests within a 12-month period will be charged a reasonable cost-based fee.

Authorization: The Plan will obtain your authorization for uses or disclosures that are not identified by this notice or permitted by applicable law. You may revoke any authorization in writing at any time. Your revocation will not affect any use or disclosure permitted by your authorization while it was in effect.

Electronic Notice: If you receive this notice electronically, you may still obtain a paper copy upon request to the contact person listed at the end of this notice.

QUESTIONS AND COMPLAINTS

If you have questions, concerns, or complaints about our privacy practices please contact us.

BECKY KNIGHT, ASSISTANT SUPERINTENDENT (281) 897- 4020
GEORGE R. HOBSON, ASSOCIATE SUPERINTENDENT (281) 897-3856

If you believe that your privacy rights have been violated or you are concerned about a decision relating to access, restriction, amendment, accounting, or notice, you may file a grievance with the contact person listed below. You may also submit a written complaint to the Secretary of the U.S. Department of Health and Human Services at: Region VI, Office for Civil Rights, U.S. Department of Health and Human Services, 1301 Young Street, Suite 1169, Dallas, Texas 75202; or by e-mail at: OCRCComplaint@hhs.gov.

The privacy of your health information is important to us. We will not retaliate against you for filing a complaint.

Contact List / Helpful Information

Current Benefits Information

- View the district's "Benefits Bulletin" which includes enrollment dates, benefit options and rates, and agent contact information. Currently, a printed copy is provided to each district employee.

Available on-line at:

- ⇒ District's internet website at www.cfisd.net, go to Departments and select Insurance
- ⇒ District's intranet website at <http://inside.cfisd.net>, go to Departments and select Insurance
- Go to "Your Benefit Station" which is also available on the Insurance Department web page, for plan summaries, insurance company contacts and links to provider networks.

benefitsCONNECTSM Access

- District's internet website at www.cfisd.net, go to Departments, select Insurance and click on the *benefitsCONNECTSM* icon
- District's intranet website at <http://inside.cfisd.net>, go to Departments, select Insurance and click on the *benefitsCONNECTSM* icon
- *benefitsCONNECTSM* website at www.benefitsconnect.net/cfisd

Log-In Questions

| | |
|--------------------|------------------|
| District Help Desk | 281-897-4357 |
| Monday – Thursday | 6:30AM to 5:00PM |
| Friday | 6:30AM to 4:30PM |

benefitsCONNECTSM Questions

- First Harbor Group, LLC
Dee Garcia dee@firstharbor.com 713-984-6310
- CFISD Insurance Department 281-897-3882
- Video instructions available at each district facility – see your department or campus administrator

Update Personal Data

Go to the Employee Access Center on any district computer at <http://inside.cfisd.net>