









Step 1

Click the **Employee Self-Service** tile.







Click the **Open Enrollment** tile.



X Exit		Oper	n Enrollment			
Brrollment Period 9/7/2022 - 9/1 Marie Hill	1/2022				Nevt	
Welcome	Task: Personal Informatio	n - Name				
O Not Starled	Marie Hill	Current		>		
 Personal Information Visited 						
Name Visited						
Home and Mailing Address Complete						
Contact Information Visited						
Dependent/Beneficiary Info Complete						
Benefits Summary Visited						
Benefits Enrollment Complete						
Benefits Statements Visited						
Summary Visited						
						1





X Exit	Open Enrollment	:
Enrollment Period 9/7/2022 - 9/14 Marie Hill	/2022	C Previous Next >
Welcome O Not Starled	Task: Personal Information - Home and Mailing Address	
Personal Information Visited	Troure Audress 2/24 Colins Avenue APT Current >	
Name Visited	MIJAMI BEACH, FL 33141	
Home and Mailing Address Complete	Mailing Address 12245 Main Variet 13313 Variet 1331 Vari	
Contact Information • Visited		
Dependent/Beneficiary Info Complete		
Benefits Summary Visited		
Benefits Enrollment Complete		
Benefits Statements Visited		
Summary Visited		

Step 4



X Exit		Ор	en Enrollment			
Enrollment Period 9/7/2022 - 9/1 Marie Hill	4/2022				< Previo	us Next
Welcome O Not Starled	Task: Personal Information -	Contact Information				
Personal Information Visited	+					
Name Visited	Number 305/555-5555	Extension	Type Mobile	Preferred		
Home and Mailing Address Complete	305/123-1234		Home	>		
Contact Information Visited	Email					
Dependent/Beneficiary Info Complete	+ Email Address		Туре	Preferred		
Benefits Summary Visited	marie.hill@miamidade.gov		Business	✓ →		
Benefits Enrollment Complete	Instant Message					
Benefits Statements Visited	No data exists.					
Summary Visited						

Step 5



X Exit	Open Enrollment				
Enrollment Period 9/7/2022 - 9/14 Marie Hill	/2022				Previous Next >
Welcome O Not Started	Task: Dependent/Beneficiary Info				
Personal Information	Add Individual				
Visited	Name	Relationship	Beneficiary	Dependent	
Dependent/Beneficiary Info Complete	JASON HILL	Spouse		~	>
Benefits Summary Visited	Jane Doe	Child	~	~	>
Benefits Enrollment Complete					
Benefits Statements Visited					
Summary Visited					

Step 6



X Exit		Open Enrollment	:
Enrollment Period 9/7/2022 - 9/14 Marie Hill	N/2022		C Previous Next >
Welcome O Not Started	Marie Hill Erp Business Analyst 1		
Personal Information Visited	Task: Benefits Summary		
Dependent/Beneficiary Info © Complete	To view your benefits as of another date, enter the date and select Refres	h. 09/14/2022	
Benefits Summary Visited	Benefit Plans		
Benefits Enrollment Complete			٦.
Benefits Statements Visited	Medical Plan Select Advantage HMO	Dental Plan DellaCare USA DHMO Enriched	Vision
Summary Visited	Coverage Employee + Spouse	Coverage Employee + 1 (Couple	Coverage Employee 1 (Couple
	Review	Review	Review
	Life Plan Basic Life Coverage Salary	Florida Retirement System Plan FRS Inv Plan Regular Coverage 3% of Earnings	
		Review	

Step 7	7
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X Exit		Open Enrollment		
Enrollment Period 9/7/2022 - 9/14 Marie Hill	N/2022			< Previous Next >
Welcome O Not Starled	Task: Benefits Enrollment	onen for effite. All of your henefit channes will be effective th	e date of the onen enrollment event	•
Personal Information Visited	✓ Enrollment Summary		o date of and open content of one.	
Dependent/Beneficiary Info Complete	Your Pay Period Cost \$259,29 Status Submitted	Full Cost \$259	.29 Vision Dental	
Benefits Summary Visited	Review Enrollment			
Benefits Enrollment Complete	Submit Enrollment		Medical	
Benefits Statements Visited	Benefit Plans			
Summary Visited				
	Medical	Dental	Vision	
	Current Select Advantage HMO New Select Advantage HMO Status Changed	Current DeltaCare USA DHMO Enriched New DeltaCare USA DHMO Enriched Status © Changed 2 Dependents	Current Humana Vision Standard New Humana Vision Standard Status Changed	
	Pay Period Cost \$236.00 Review	Pay Period Cost \$10.09 Review	Pay Period Cost \$13.20 Review	
	Short-Term Disability	Long-Term Disability	Flex Spending Health - U.S.	
	Current No Coverage New Walve Status & Changed	Current No Coverage New Waive Status 😋 Changed	Current No Coverage New Walve Status & Changed	



Click the scrollbar.



X Exit		Open Enrollment		:
Enrollment Period 9/7/2022 - 9/14 Marie Hill	//2022			Previous Next
Welcome O Not Started				^
Personal Information Visited	Medical Current Select Advantage HMO	Dental Current DeltaCare USA DHMO Enriched	Vision Current Humana Vision Standard	
Dependent/Beneficiary Info Complete	New Select Advantage HMO Status 🔮 Changed 🏰 2 Dependents	New DeltaCare USA DHMO Enriched Status O Changed 2 Dependents	New Humana Vision Standard Status O Changed 2 Dependents	
Benefits Summary Visited	1 000 00	* /0.00	A 40.00	
Benefits Enrollment Complete	Pay Period Cost \$236.00 Review	Pay Period Cost \$10.09 Review	Pay Period Cost \$13.20 Review	i
Benefits Statements Visited	Short-Term Disability	Long-Term Disability	Flex Spending Health - U.S.	
Summary Visited	Current No Coverage New Walve Status 🔮 Changed	Current No Coverage New Waive Status 🥝 Changed	Current No Coverage New Waive Status Changed	
	Pay Period Cost \$0.00 Review	Pay Period Cost \$0.00 Review	Pay Period Cost \$0,00 Review	
	Flex Spending Dependent Care	Florida Retirement System	Legal Services	
	Current No Coverage New Waive Status Changed	Current FRS Inv Plan Regular New FRS Inv Plan Regular Status Not Available	Current No Coverage New Waive Status Changed	
	Pay Period Cost \$0.00 Review	Pay Period Cost \$0.00	Pay Period Cost \$0.00 Review	v



Click the **Flex Spending Health - U.S.** object.



Cancel		Flex Spending Health - U.S.	Done				
The Health Care Spe	nding Account (HCSA) allows you to use pre-t	ax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.					
✓ Enroll in Your P	Enroll in Your Plan						
	Plan Name						
~	Waive						
Select	FSA - Health						

Step 10

Click the **Select** button.



Cancel	Flex Spending Health - U.S.	Done					
The Health Care Spending Account (HCSA) allows you to use pre-face dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.							
Erroll in Your Plan							
Plan Name							
Select Waive							
✓ FSA - Health							
- Contribution Amount							
Annual P	Index Internation Internatio Internation Internation Internation Internation Internation						

Step 11

Click in the Annual Pledge field.



Cance	4		Flex Spending Health - U.S.	Done
The H	ealth Care Spen roll in Your Pla	ding Account (HCSA) allows you to use pre-ta an	x dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.	
		Plan Name		
	Select	Waive		
	~	FSA - Health		
→ Co	ntribution Am	ount		
		Annual Pied	08 Minimum \$28.00 Miximum \$2.80.00 Annual piloge enround for all Facole Spending Account must not exceed \$7,850.00. Flexible Spending Account Worksheet	
			Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year	

Step 12

Enter the desired information into the **Annual Pledge** field. Enter "2000".



Cancel		Flex Spending Health - U.S.	Done
The Health Care Spe	nding Account (HCSA) allows you to use pr	s-fax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.	
▼Enroll in Your I	lan		
	Plan Name		
Select	Waive		
~	FSA - Health		
- Contribution A	nount		
	Annual F	Interming 2 000 x Annum 24 to Maximum 25 8.05.00. Annum 24 addreg amount of a still Acuals Spending Account must not anceed 37,800.00. Texable Spending Account Worksheet Base of the Facible Spending Account Worksheet to help: soluble your annual pledge for this plan year.	

Step 13

Click the Flexible Spending Account Worksheet button.



Cancel		Flex Spending Health - U.S.	Done			
The Health Care Spending Account (HCSA) allows you to use pre-fax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.						
	Plan Name					
Select	Waive	Cancel Flexible Spending Account Worksheet Done				
~	FSA - Health	Estimate Contribution from Annual Pledge				
Contribution Am	ount	Your New Annual Pledge 2,000.00				
• Contribution Ani	Junt	Minus Your Year To Date Contributions 0.00				
	Annual Ple	Divided by Pay Periods Remaining 27				
		Calculate				

Step 14

Click the **Calculate** button.



Cancel		Flex Spending Health - U.S.	Done				
The Health Care Sendino Account (HCSA) allows you to use one-fax dollars to pay for expenses that are not 100 percent covered through your socure's group health care stars.							
~ Enol in Your Plan							
	Plan Name						
Select	Waive	Cancel Flexible Spending Account Worksheet Done					
~	FSA - Health	Estimate Contribution from Annual Pledge					
Contribution Am	ount	Your New Annual Pledge 2,000.00					
+ Contribution Ani	Junt	Minus Your Year To Date Contributions 0.00					
	Annual Ple	Divided by Pay Periods Remaining 27					
		Estimated Per Pay Period Contribution 74.07					
		Calculate					
		Select Calculate to recelculate the new annual pledge or estimated per pay period amount					



Click the **Done** button.



Cancel	Flex Spending Health - U.S.	Done			
The Health Care Spending Account (HCSA) allows you to use pre-tax doilars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.					
▼ Enroll in Your Plan	≠ Enroll in Your Plan				
Plan Name					
Select Waive					
✓ FSA - Health					
✓ Contribution Amount					
Annual Pier	1ge 2.000 00 Minimum 324 00 Maximum 32 800 00 Annual policy is moment for all Flocible Spanding Accounts must not ensered \$7,850 00. Flexible Spanding Account Worksheet Select the Flexible Spanding Account Worksheet to help calculate your annual pledge for this plan year. Estimated Pay Period Cost \$74.07				

Step 16

Click the **Done** button.



X Exit	Open Enrollment					:
B Enrollment Period 9/7/2022 - 9/1 Marie Hill	4/2022					
					< Previous	Next >
Welcome O Not Starled				^		
Personal Information Visited	Benefit Plans					
Dependent/Beneficiary Info Complete	Medical	Dental	Vision			
Benefits Summary Visited	Current Select Advantage HMO New Select Advantage HMO Status Changed	Current DeltaCare USA DHMO Enriched New DeltaCare USA DHMO Enriched Status Ochanged	Current Humana Vision Standard New Humana Vision Standard Status Changed	1.		
Benefits Enrollment Complete	🏰 2 Dependents	🔮 2 Dependents	👹 2 Dependents			
Benefits Statements Visited	Pay Period Cost \$236.00 Review	Pay Period Cost \$10.09 Review	Pay Period Cost \$13.20 Review			
Summary Visited	Short-Term Disability	Long-Term Disability	Flex Spending Health - U.S.			
	Current No Coverage New Wahe Status 🔮 Changed	Current No Coverage New Waive Status 🔗 Changed	Current No Coverage New FSA - Health \$2,000 Status @Changed			
	Pay Period Cost \$0,00 Review	Pay Period Cost \$0.00 Review	Pay Period Cost \$74.07 Review			
	Flex Spending Dependent Care Current No Coverage New Waive Status @ Changed	Florida Retirement System Current FRS Inv Plan Regular New FRS Inv Plan Regular Status Not Available	Legal Services Current: No Coverage New Wahe Status ©Changed	v		

Step 17

Click the Flex Spending Dependent Care object.



Cancel		Flex Spending Dependent Care	Done				
The Dependent	he Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.						
▼ Enroll in Yo	r Enroll in Your Plan						
	Plan Name						
~	Waive						
Select	FSA Dependent Care						

Step 18

Click the **Select** button.



Cancel	Flex Spending Dependent Care	Done				
The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.						
	Erroll in Your Plan					
Plan Name						
Select Waive						
✓ FSA Dependent Care						
✓ Contribution Amount						
Annu	al Pledge Manuar 18 200 Maanum 8 2000. Ana Jedge around for all Facilita Specify Account must not encered 97,500.05. Excisite Specify Account Worksheet Excisite Specify Account Worksheet to help calculate your annual pledge for this plan year.					

Step 19

Click in the Annual Pledge field.



Cancel		Flex Spending Dependent Care	Done
The Dependent			
	Dian Name		
Select	Walve		
~	FSA Dependent Care		
- Contribution	1 Amount		
	Annual Pledg		
		Minimum \$26.00 Maximum \$5,000.00. Annual pliedge amount for all Flexible Spending Accounts must not exceed \$7,850.00.	
		Flexible Spending Account Worksheet	
		Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.	

Step 20

Enter the desired information into the **Annual Pledge** field. Enter **"4000"**.



Cancel	Flex Spending Dependent Care	Done
The Dependent Care Spending Care (DCSA) allows you to use pr	re-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.	
▼ Enroll in Your Plan		
Plan Name		
Select Waive		
✓ FSA Dependent Care		
Annual Pi	Minimurg X. Mainum St. On Mainumurg X. Stonable Speeding Account must not access \$7,800.00. Fibrible Speeding Account Worksheet Bater: the Facible Speeding Account Worksheet to help calculate your annual pledge for this plan year.	

Step 21

Click the Flexible Spending Account Worksheet button.



Cancel	Flex Spending Dependent Care	Done				
The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent daycare, which gives you and your spouse the option to work.						
✓ Enroll in Your Plan						
Plan Name						
Select Waive	Cancel Flexible Spending Account Worksheet Done					
✓ FSA Dependent Care	Estimate Contribution from Annual Pledge					
Contribution Amount	Your New Annual Pledge 4,000.00					
	Minus Your Year To Date Contributions 0.00					
Annual Ple	Drvided by Pay Periods Remaining 2/					
	Calculate					
	Select Calculate to recalculate the new annual pledge or estimated per pay period amount					



Click the **Calculate** button.



Cancel		Flex Spending Dependent Care	Done
The Dependent Care Spending Care (DCSA) allows you to use pre	tax dollars to pay for eligible dependent daycar	e, which gives you and your spouse the option to work.	
Plan Name			
Select Waive	Cancel	xible Spending Account Worksheet	
✓ FSA Dependent Care	Estimate Contribution from	Annual Pledge 💟	
- Contribution Amount	Your New Annual Pledge	4,000.00	
	Minus Your Year To Date Contributions	0.00	
	Divided by Pay Periods Remaining	27	
Annual Ple	Estimated Per Pay Period Contribution	148.15	
		Calculate	
		Salart Calculate to monitoring the new annual placing or estimated per new particul annual	
		Select Carculate to recarculate the new annual pleage or estimated per pay period amount	
-			



Click the **Done** button.



Cancel	Flex Spending Dependent Care	Done			
The Dependent Care Spending Care (DCSA) allows you to use pre-tax dollars to pay for eligible dependent deycare, which gives you and your spouse the option to work.					
▼ Enroll in Your Plan					
Plan Name					
Select Waive					
✓ FSA Dependent Care					
- Contribution Amount					
Annual Pie	4.00.00 Minimum 132.00 Maximum 85,000.00. Annual belogs amount of all Pixub Spanding Account must not ensered \$7,800.00. Flexible Spanding Account Worksheet Select the Fixuble Spanding Account Worksheet to help calculate your annual pilotige for this plan year. Estimated Pay Period Cost \$148.15				

Step 24

Click the **Done** button.



X Exit		Open Enrollment		:
S Enrollment Period 9/7/2022 - 9/14/ Marie Hill	2022			Previous Next
Welcome O Not Starled				^
Personal Information Visited	Medical Current Select Advanlage HMO	Dental Current DeltaCare USA DHMO Enriched	Vision Current Humana Vision Standard	
Dependent/Beneficiary Info Complete	New Select Advantage HMO Status O Changed 2 Dependents	New DeltaCare USA DHMO Enriched Status O Changed	New Humana Vision Standard Status O Changed 2 Dependents	
Benefits Summary Visited	1 000 00	A 40.00	A 40.00	
Benefits Enrollment Complete	Pay Period Cost \$236.00 Review	Pay Period Cost \$10.09 Review	Pay Period Cost \$13.20 Review	
Benefits Statements Visited	Short-Term Disability	Long-Term Disability	Flex Spending Health - U.S.	
Summary Visited	Current No Coverage New Waive Status O Changed	Current No Coverage New Waive Status O Changed	Current No Coverage New FSA - Health \$2,000 Status 📀 Changed	
	Pay Period Cost \$0.00 Review	Pay Period Cost \$0.00 Review	Pay Period Cost \$74.07 Review	
	Flex Spending Dependent Care Current No Coverage New FSA Dependent Care \$4,000 Status © Changed	Florida Retirement System Current FRS Inv Plan Regular New FRS Inv Plan Regular Status Not Available	Legal Services Current No Coverage New Waire Status © Changed	
	Pay Period Cost \$148.15 Review	Pay Period Cost \$0.00	Pay Period Cost \$0.00 Review	v





X Exit		Open Enrollment		÷.
Enrollment Period 9/7/2022 - 9/1 Marie Hill	4/2022			<pre> Previous Next </pre>
Welcome O Not Started				^
Personal Information Visited	Medical	Dental	Vision	
Dependent/Beneficiary Info Complete	New Select Advantage HMO Status @ Changed	New DeltaCare USA DHMO Enriched Status © Changed	New Humana Vision Standard Status © Changed	
Benefits Summary Visited	2 soberasive			
Benefits Enrollment Complete	Pay Period Cost \$236.00 Review	Pay Period Cost \$10.09 Review	Pay Period Cost \$13.20 Review	v
Benefits Statements Visited	Short-Term Disability	Long-Term Disability	Flex Spending Health - U.S.	
Summary Visited	Current No Coverage New Waire Status 🔮 Changed	Current No Coverage New Waire Status @ Changed	Current No Coverage New FSA - Health \$2,000 Status 🔮 Changed	
	Pay Period Cost \$0.00 Review	Pay Period Cost \$0.00 Review	Pay Period Cost \$74.07 Review	
	Flex Spending Dependent Care	Florida Retirement System	Legal Services	
	Current No Coverage New FSA Dependent Care \$4,000 Status Ochanged	Current FRS Inv Plan Regular New FRS Inv Plan Regular Status Not Available	Current No Coverage New Waive Status 🔮 Changed	
	Pay Period Cost \$148.15 Review	Pay Period Cost \$0.00	Pay Period Cost \$0.00 Review	N

Step 26

End of Procedure.