



Job Aid Table of Contents

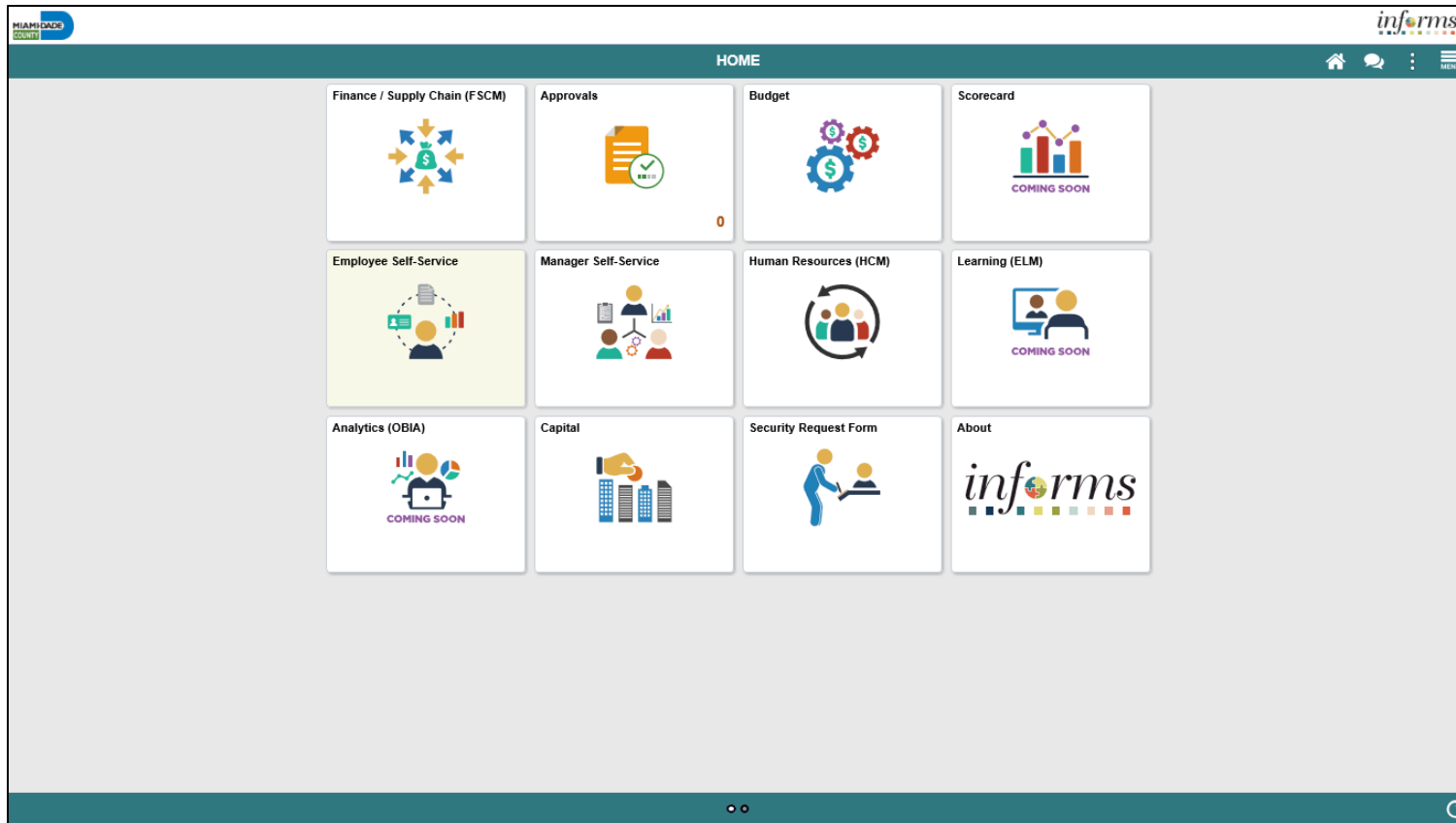
- Adding a New Dependent
- Removing a Dependent
- Enrolling in Benefits
- Electing HealthCare Flexible Spending Account
- Electing Dependent Care Flexible Spending Account
- Review and Print Your Open Enrollment Elections



Add A Dependent During Open Enrollment

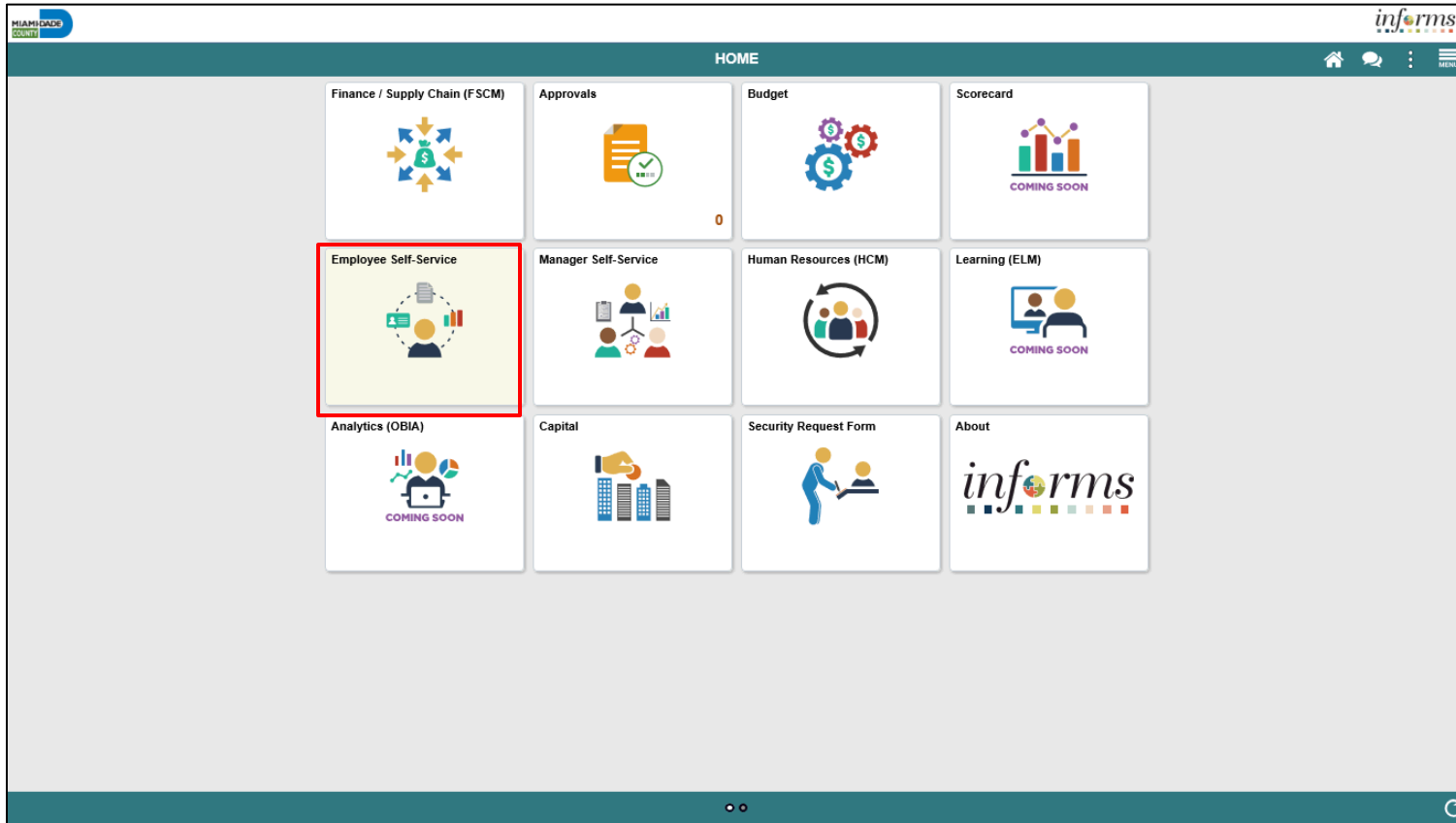
Visit the INFORMS home page at <https://informs.miamidade.gov/>

If not already logged in, enter your login credentials.



Step 1:

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



Step 2:

Click the **Open Enrollment** tile.

The screenshot shows the 'Employee Self-Service' dashboard. The 'Open Enrollment' tile is highlighted with a red border. It contains the following text:

Starts now until 9/23/2022. Your final enrollment must be submitted by 11:59 PM EST, 9/23/2022

Countdown to	Days	HH	MM	SS
Open Enrollment Deadline:	0	10	14	34

Other tiles visible on the dashboard include: Approvals, EMASS Labor and Work Perform..., Careers, Time and Absence, Payroll, Personal Details, Talent Profile, Benefit Details, Performance, and Total Rewards. The 'Benefit Details' tile shows 'Enrollment Ends 09/23/2022' and the 'Payroll' tile shows 'Last Pay Date 08/26/2022'. The 'Total Rewards' tile shows 'MDC TOTAL REWARDS'.

Step 3:

Click the **Dependent Info** tab.

[Next >](#)

Welcome ● Visited	Task: Welcome <p>Open enrollment is your annual opportunity to modify your benefit choices. The video gives you step by step instruction on how to enroll your benefits. Your elections will begin on 1/1/2026.</p> <p>IMPORTANT OPEN ENROLLMENT REMINDERS:</p> <ul style="list-style-type: none">Effective 1/1/2026, Aetna will be our new medical insurance carrier. Your Aetna medical coverage and benefits will be the same as your current coverage. Your online Open Enrollment form will reflect the Aetna plan that corresponds with your current coverage.The Flexible Spending Account (FSA) does not automatically roll over. You must enroll in the plan every year during Open Enrollment to continue coverage.ONE-TIME OPPORTUNITY! If you are enrolling in the LOW OPTION for Short Term Disability or Long Term Disability, no Statement of Health is required. For any other new enrollment or coverage increase, you must complete and submit the Statement of Health form. Click here for the form.ONE-TIME OPPORTUNITY! Employees currently enrolled in Optional Life coverage with 1x, 2x or 3x salary may increase to 4x salary without completing Evidence of Insurability. To make an election for Optional Life coverage, visit the Minnesota Life benefits portal at Minnesota Life.Submit proof of eligibility for newly added dependents before Open Enrollment closes.Submit Affidavit of Dependent Eligibility for your age 26-29 dependents enrolled in County medical coverage.Remove any ineligible dependents from your coverage before Open Enrollment closes.If you are waiving County medical coverage, go into the Medical section and select Waive - Decline Coverage.Click SUBMIT ENROLLMENT to complete your elections. Then, click ENROLLMENT PREVIEW STATEMENT to view and print the confirmation of your elections.
Dependent Info ✔ Complete	
Benefits Summary ● Visited	
Benefits Enrollment ✔ Complete	
Summary ● Visited	
Benefits Statements ● Visited	

Step 4:

Click the **Add Individual** button.

[< Previous](#) [Next >](#)

Welcome
● Visited

Dependent Info
● Complete

Benefits Summary
● Visited

Benefits Enrollment
● Complete

Task: Dependent Info

Add Individual

Name	Relationship	Dependent	Attachment
Tom Brady	Child	✓	View
DOMESTIC PARTNER	Domestic Partner Adult	✓	View

Step 5:

Click the **Add Name** button.

Cancel **Add Individual Dependent Information** Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Add Name

Personal Information

Date of Birth

*Gender

*Relationship to Employee

Dependent

*Marital Status As of

*Student As of

*Disabled As of

*Smoker As of

Address

Address	Address Type	Same as mine
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home	Same as mine >

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Step 6:

Enter your dependent's **First Name** and **Last Name**.

Cancel Save

Add Individual Dependent Information

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Add Name

Personal Information

Date of Birth

*Gender

*Relationship to Employee

Dependent

*Marital Status

*Student

*Disabled

*Smoker

Address

Address	Address Type
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Cancel Done

Name

Name Format

Name Prefix

*First Name

Middle Name

*Last Name

Name Suffix

Display Name

Formal Name

Name

Step 7:

Click the **Done** button.

Cancel Save

Add Individual Dependent Information

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Add Name

Personal Information

Date of Birth

*Gender

*Relationship to Employee

Dependent

*Marital Status

*Student

*Disabled

*Smoker

Address

Address	Address Type
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Cancel **Done**

Name

Name Format

Name Prefix

*First Name

Middle Name

*Last Name

Name Suffix

Display Name **Holly**

Formal Name **Holly**

Name **.Holly**

Step 8:

Click the **Calendar Date of Birth** button and select the dependent's date of birth.


Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Holly Hill >


Personal Information


Date of Birth 


*Gender


*Relationship to Employee

Dependent

*Marital Status Single As of 

*Student No As of 

*Disabled No As of 

*Smoker Non Smoker As of 

Address

Address	Address Type	Same as mine
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home	Same as mine >

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Step 9:

Click the **Gender** dropdown and select the dependent's gender.


Cancel **Add Individual Dependent Information** Save


Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.


Name

Holly Hill >



Personal Information



Date of Birth 01/01/2010 



*Gender 



*Relationship to Employee 

Dependent

*Marital Status Single  As of 

*Student No  As of 

*Disabled No  As of 

*Smoker Non Smoker  As of 

Address

Address	Address Type	Same as mine
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home	Same as mine >

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Step 10:

Click the **Relationship to Employee** dropdown and select your dependent's relationship.

IMPORTANT NOTE:

You should only select **ADULT CHILD** if you are covering a dependent child who is currently age 26-29.

Cancel **Add Individual Dependent Information** Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Holly Hill >

Personal Information

Date of Birth 01/01/2010

*Gender Female

*Relationship to Employee

Dependent

*Marital Status Single As of

*Student No As of

*Disabled No As of

*Smoker Non Smoker As of

Address

Address	Address Type	Same as mine
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home	Same as mine >

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Step 11:

Click the **Add National ID** button. (National ID number = Social Security #)

Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Holly Hill >

Personal Information

Date of Birth: 01/01/2010

*Gender: Female

*Relationship to Employee: Child

Dependent: Yes

*Marital Status: Single As of:

*Student: No As of:

*Disabled: No As of:

*Smoker: Non Smoker As of:

Address

Address	Address Type	Same as mine
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home	Same as mine >

National ID

No data exists

Add National ID

Phone

No data exists

Add Phone

Step 12:

Click the **Country** dropdown and select **United States**.

Cancel Add Individual Dependent Information Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Holly Hill >

Personal Information

Date of Birth: 01/01/2010

*Gender: Female

*Relationship to Employee: Child

Dependent: Yes

*Marital Status: Single

*Student: No

*Disabled: No

*Smoker: Non Smoker

Cancel National ID Done

*Country: [Dropdown]

*National ID Type: [Dropdown]

*National ID: [Text Field]

Primary: Yes

Address

Address	Address Type
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home

National ID

No data exists

Add National ID

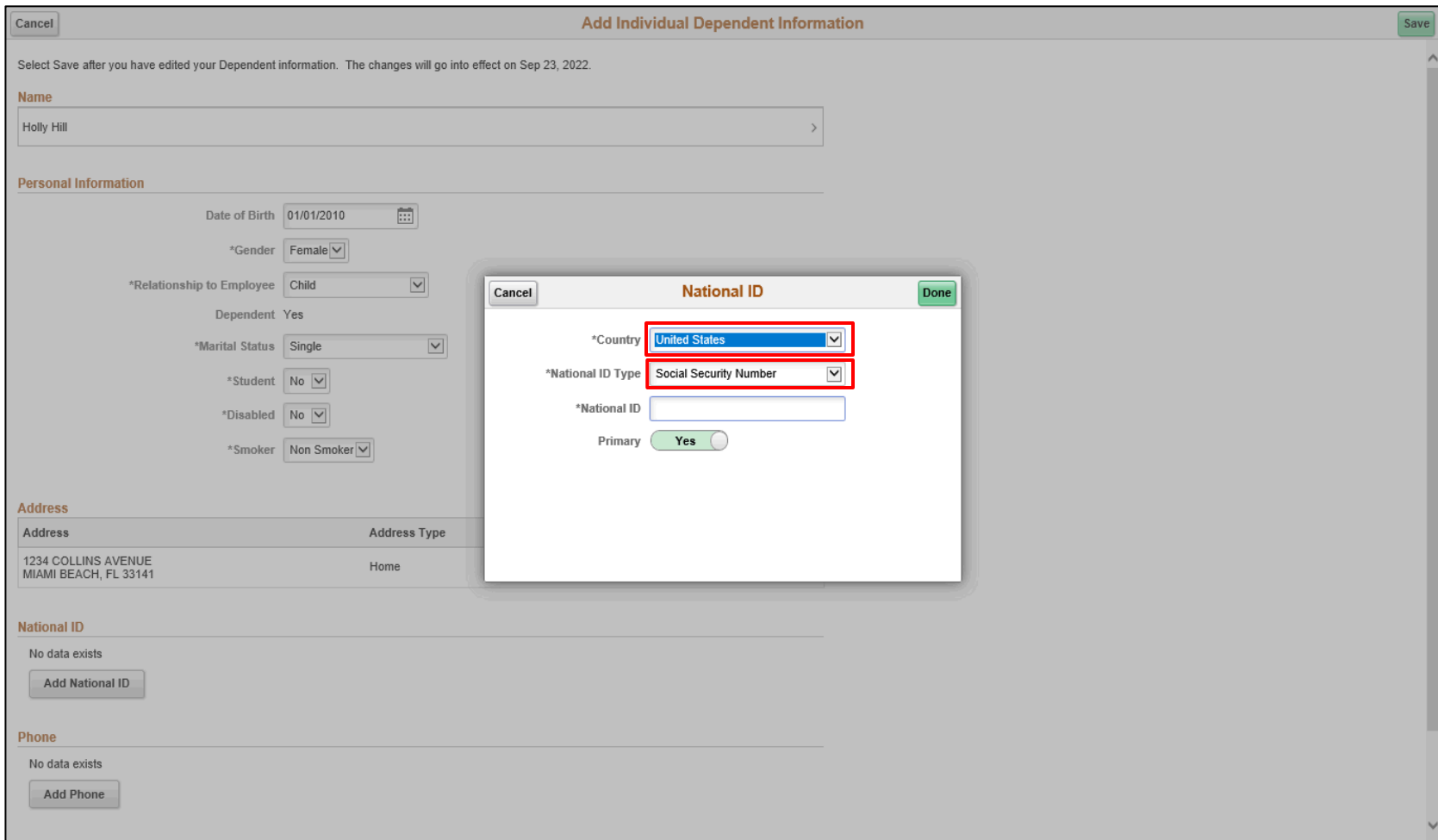
Phone

No data exists

Add Phone

Step 13:

Click on the **National ID Type** field – select Social Security Number
Click on the **National ID** field – enter your dependent’s social security number.



The screenshot shows the 'Add Individual Dependent Information' form. The main form has a 'Name' field with 'Holly Hill' and a 'Personal Information' section with fields for Date of Birth (01/01/2010), Gender (Female), Relationship to Employee (Child), Marital Status (Single), Student (No), Disabled (No), and Smoker (Non Smoker). An 'Address' table shows '1234 COLLINS AVENUE MIAMI BEACH, FL 33141' as a 'Home' address. A 'National ID' section is currently empty. A modal window titled 'National ID' is open, showing a dropdown for '*Country' set to 'United States', a dropdown for '*National ID Type' set to 'Social Security Number', an empty text field for '*National ID', and a 'Primary' toggle set to 'Yes'. The modal has 'Cancel' and 'Done' buttons.

Address	Address Type
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home

Step 14:

Click the **Done** button.


Cancel **Add Individual Dependent Information** Save


Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.


Name

Holly Hill >


Personal Information


Date of Birth 01/01/2010 


*Gender Female 


*Relationship to Employee Child 

Dependent Yes

*Marital Status Single 

*Student No 

*Disabled No 

*Smoker Non Smoker 

Address

Address	Address Type
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home

National ID

No data exists


Add National ID


Phone


No data exists

Add Phone

Cancel **National ID** Done

*Country United States 

*National ID Type Social Security Number 

*National ID 123-12-1234 

Primary

Step 15:

Click the **Save** button.

Cancel
Add Individual Dependent Information
Save

Select Save after you have edited your Dependent information. The changes will go into effect on Sep 23, 2022.

Name

Holly Hill >

Personal Information

Date of Birth: 01/01/2010

*Gender: Female

*Relationship to Employee: Child

Dependent: Yes

*Marital Status: Single As of:

*Student: No As of:

*Disabled: No As of:

*Smoker: Non Smoker As of:

Address

Address	Address Type	Same as mine
1234 COLLINS AVENUE MIAMI BEACH, FL 33141	Home	Same as mine >

National ID

+

Country	National ID Type	National ID	Primary
United States	Social Security Number	123-12-1234	✓ >

Phone

No data exists

Add Phone

Step 16:

Click the **Incomplete** link. Next you will upload your documents to verify eligibility for your newly added family members.

[< Previous](#) [Next >](#)

- **Welcome**
Visited
- **Dependent Info**
Complete
- **Benefits Summary**
Visited
- **Benefits Enrollment**
Complete
- **Summary**
Visited
- **Benefits Statements**
Visited

Task: Dependent Info

[Add Individual](#)

Name	Relationship	Dependent	Attachment	>
Tom Brady	Child	✓	View	>
DOMESTIC PARTNER	Domestic Partner Adult	✓	View	>
Fred Flintstone	Child	✓	Incomplete	>

Step 17:

Click on **Add Attachment**

Cancel **Dependent Attachments** Done

Event Value Tom Thumb

▼ **Instructions**

You are required to submit the document(s) listed in the Document List. Select the Add Attachment button to upload your document.

▼ **Document List**

Document	Upload / Status	Approval / Status
Birth Certificate	Required Attachment Missing	Required

Add Document

No Document has been attached.

Add Attachment Add Note

Step 18:

Click **My Device**.

Select your document to be uploaded.

Click **Upload**





Step 19:

Click **Done**. Procedure completed.

Cancel **Dependent Attachments** Done

Event Value Tom Thumb

▼ **Instructions**

You are required to submit the document(s) listed in the Document List. Select the Add Attachment button to upload your document.

▼ **Document List**

Document	Upload / Status	Approval / Status
Birth Certificate	Required Attachment Missing	Required

Add Document

No Document has been attached.

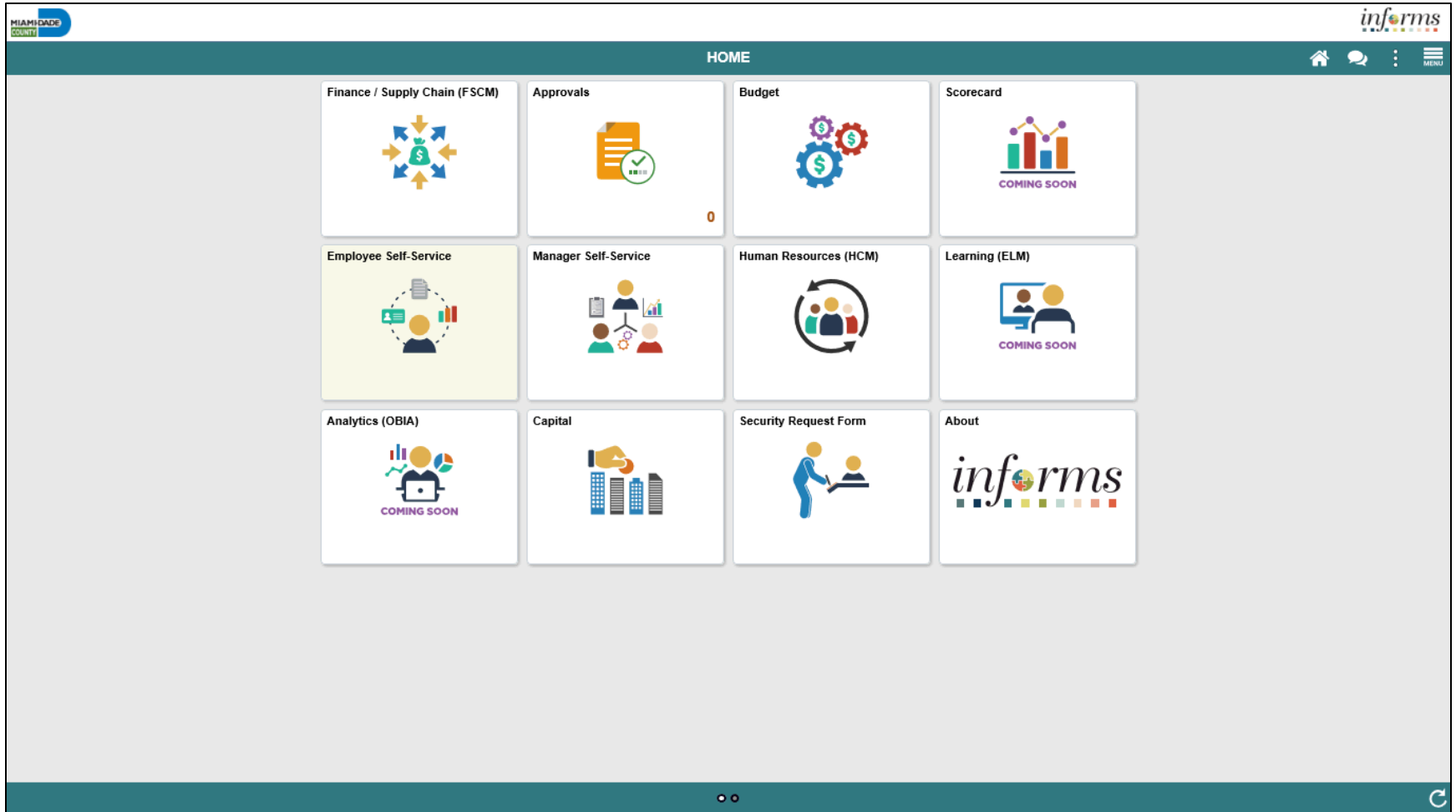
Add Attachment Add Note



Remove a Dependent During Open Enrollment

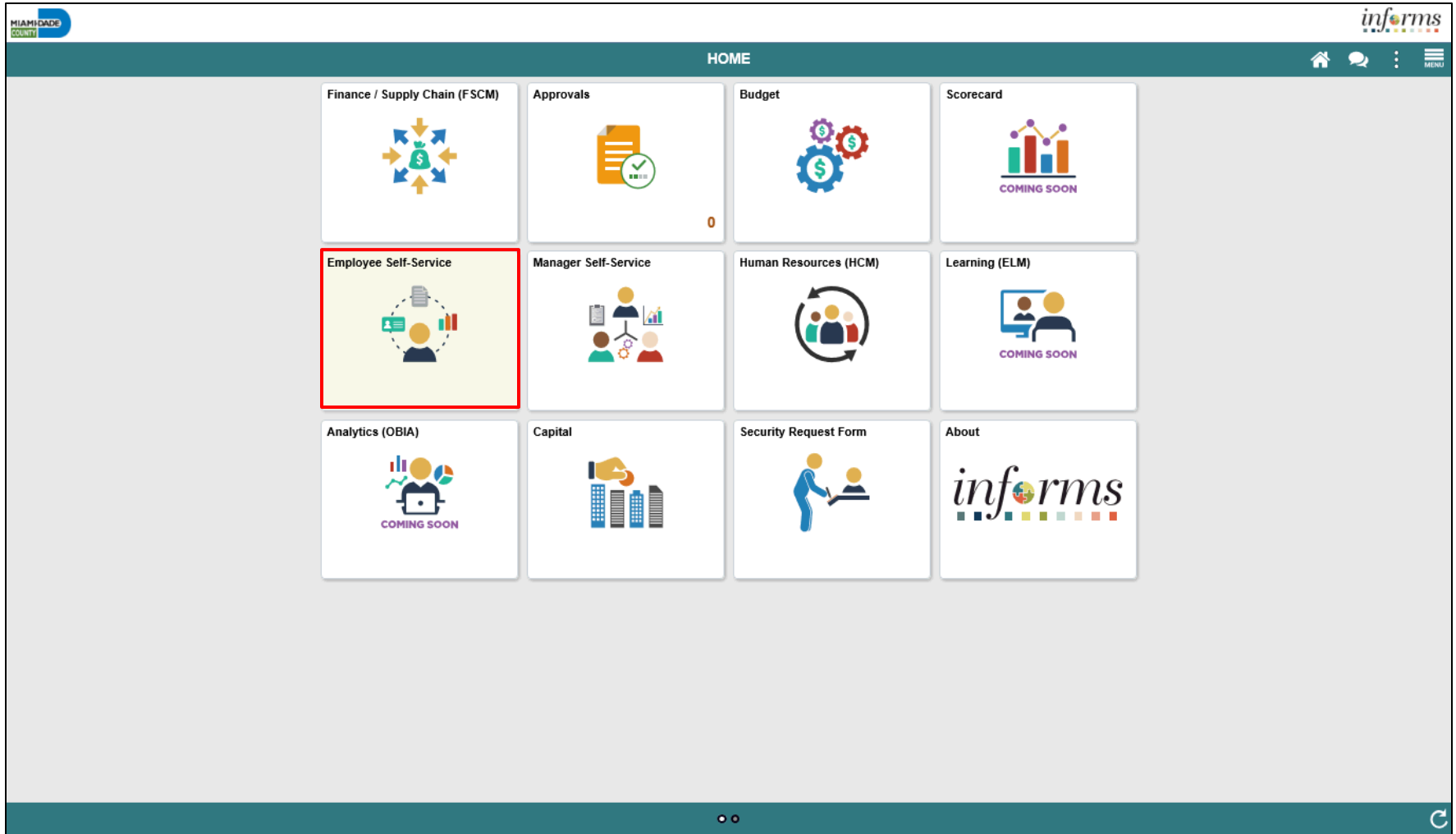
Visit the INFORMS home page at <https://informs.miamidade.gov/>

If not already logged in, enter your login credentials.



Step 1:

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



Step 2:

Click the **Open Enrollment** tile.

The screenshot displays the 'Employee Self-Service' portal interface. The top navigation bar includes the Miami-Dade County logo on the left, the 'Employee Self-Service' title in the center, and navigation icons (home, chat, menu) on the right. The main content area is a grid of tiles:

- Approvals:** Shows a document icon with a checkmark and a '0' in the bottom right corner.
- Open Enrollment:** This tile is highlighted with a red border. It contains the text: "Starts now until 9/23/2022. Your final enrollment must be submitted by 11:59 PM EST, 9/23/2022". Below this is a countdown timer: "Countdown to Open Enrollment Deadline: Days HH MM SS" with the value "0 10:14:34".
- EMASS Labor and Work Perform...:** Shows a person icon with a clock.
- Careers:** Shows a briefcase icon.
- Time and Absence:** Shows a person icon with a clock.
- Payroll:** Shows a stack of money icon and "Last Pay Date 08/26/2022".
- Personal Details:** Shows a profile picture of a woman.
- Talent Profile:** Shows a person icon with a star.
- Benefit Details:** Shows icons for a person, a house, and a plus sign, with "Enrollment Ends 09/23/2022".
- Performance:** Shows a document icon with a bar chart and a person icon.
- Total Rewards:** Shows a pie chart icon and "MDC TOTAL REWARDS".

The bottom of the screen features a dark teal bar with three small white circles on the left and a refresh icon on the right.

Step 3:

Click the **Benefits Enrollment** button.

[Next >](#)

Welcome ● Visited	Task: Welcome Open enrollment is your annual opportunity to modify your benefit choices. The video gives you step by step instruction on how to enroll your benefits. Your elections will begin on 1/1/2026. IMPORTANT OPEN ENROLLMENT REMINDERS: <ul style="list-style-type: none">Effective 1/1/2026, Aetna will be our new medical insurance carrier. Your Aetna medical coverage and benefits will be the same as your current coverage. Your online Open Enrollment form will reflect the Aetna plan that corresponds with your current coverage.The Flexible Spending Account (FSA) does not automatically roll over. You must enroll in the plan every year during Open Enrollment to continue coverage.ONE-TIME OPPORTUNITY! If you are enrolling in the LOW OPTION for Short Term Disability or Long Term Disability, no Statement of Health is required. For any other new enrollment or coverage increase, you must complete and submit the Statement of Health form. Click here for the form.ONE-TIME OPPORTUNITY! Employees currently enrolled in Optional Life coverage with 1x, 2x or 3x salary may increase to 4x salary without completing Evidence of Insurability. To make an election for Optional Life coverage, visit the Minnesota Life benefits portal at Minnesota Life.Submit proof of eligibility for newly added dependents before Open Enrollment closes.Submit Affidavit of Dependent Eligibility for your age 26-29 dependents enrolled in County medical coverage.Remove any ineligible dependents from your coverage before Open Enrollment closes.If you are waiving County medical coverage, go into the Medical section and select Waive - Decline Coverage.Click SUBMIT ENROLLMENT to complete your elections. Then, click ENROLLMENT PREVIEW STATEMENT to view and print the confirmation of your elections.
Dependent Info ✔ Complete	
Benefits Summary ● Visited	
Benefits Enrollment ✔ Complete	
Summary ● Visited	
Benefits Statements ● Visited	

Step 4:

Click the tile for the benefit plan from which you wish to remove dependents.

< Previous Next >

- **Welcome**
● Visited
- **Dependent Info**
● Complete
- **Benefits Summary**
● Visited
- **Benefits Enrollment**
● Complete
- **Summary**
● Visited
- **Benefits Statements**
● Visited

Task: Benefits Enrollment

* Indicates required field

The Enrollment Overview displays which benefit options are open for elections/changes. Once you have clicked **SUBMIT ENROLLMENT**, click **ENROLLMENT PREVIEW STATEMENT** to view and print the confirmation of your elections.

▼ **Enrollment Summary**

Your Pay Period Cost **\$285.50** Full Cost **\$285.50**

Status **Pending Review**

Enrollment Preview Statement

Submit Enrollment

Benefit Plans

Medical

Current Aetna-Select Advantage HMO
New Aetna-Select Advantage HMO
Status ✔ Changed
⚙️ 2 Dependents

Pay Period Cost **\$236.00** Review

Dental

Current Delta Dental PPO Enriched
New Delta Dental PPO Enriched
Status **Pending Review**
⚙️ 0 Dependents

Pay Period Cost **\$5.45** Review

Vision

Current Humana Vision Enriched
New Humana Vision Enriched
Status **Pending Review**
⚙️ 0 Dependents

Pay Period Cost **\$6.18** Review

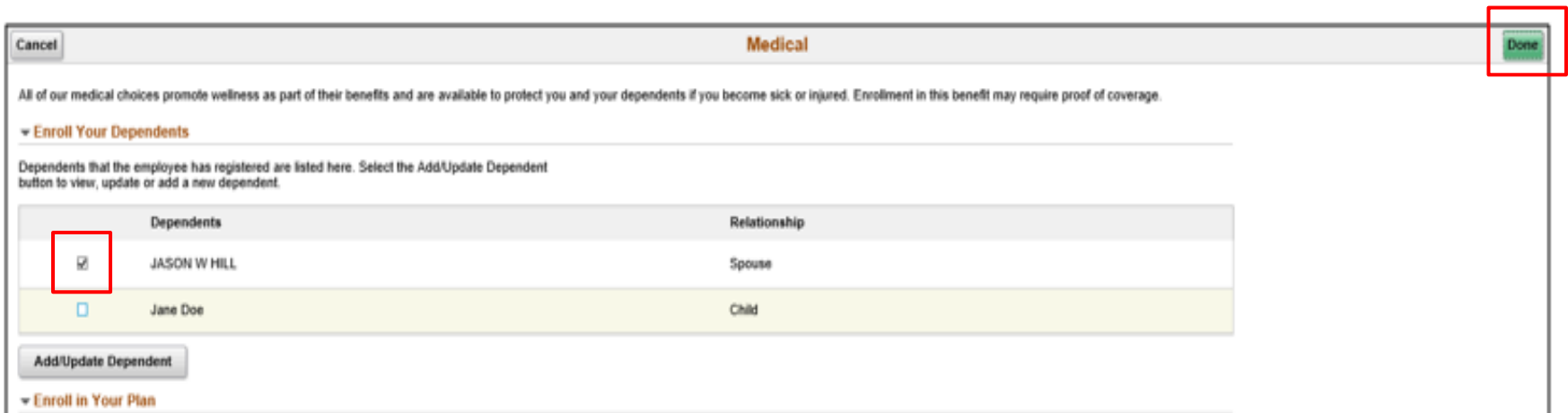
Life

Short-Term Disability

Long-Term Disability

Step 5:

Check the box next to the dependent you wish to remove from coverage.
Click the **DONE** button. Procedure completed.



The screenshot shows a web interface for medical enrollment. At the top, there is a 'Cancel' button on the left and a 'Done' button on the right, both highlighted with red boxes. The main heading is 'Medical'. Below this, there is a paragraph of text: 'All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured. Enrollment in this benefit may require proof of coverage.' This is followed by a section titled 'Enroll Your Dependents' with a dropdown arrow. Below this section, there is a text instruction: 'Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.' A table with two columns, 'Dependents' and 'Relationship', contains two rows. The first row, for 'JASON W HILL' (Spouse), has a checked checkbox in the 'Dependents' column, which is highlighted with a red box. The second row, for 'Jane Doe' (Child), has an unchecked checkbox. Below the table is an 'Add/Update Dependent' button. At the bottom, there is another section titled 'Enroll in Your Plan' with a dropdown arrow.

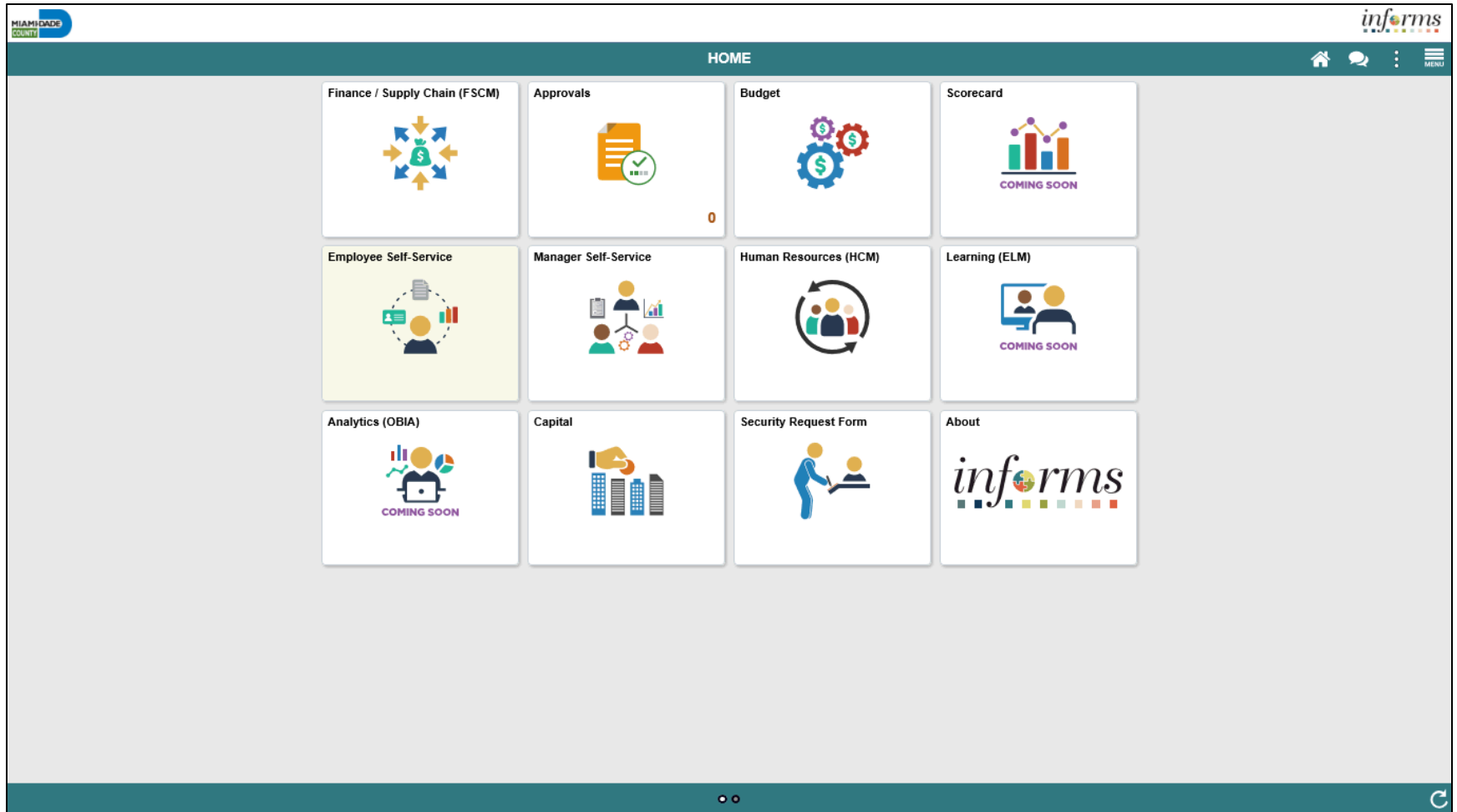
Dependents	Relationship
<input checked="" type="checkbox"/> JASON W HILL	Spouse
<input type="checkbox"/> Jane Doe	Child



Enroll in Your Benefits During Open Enrollment

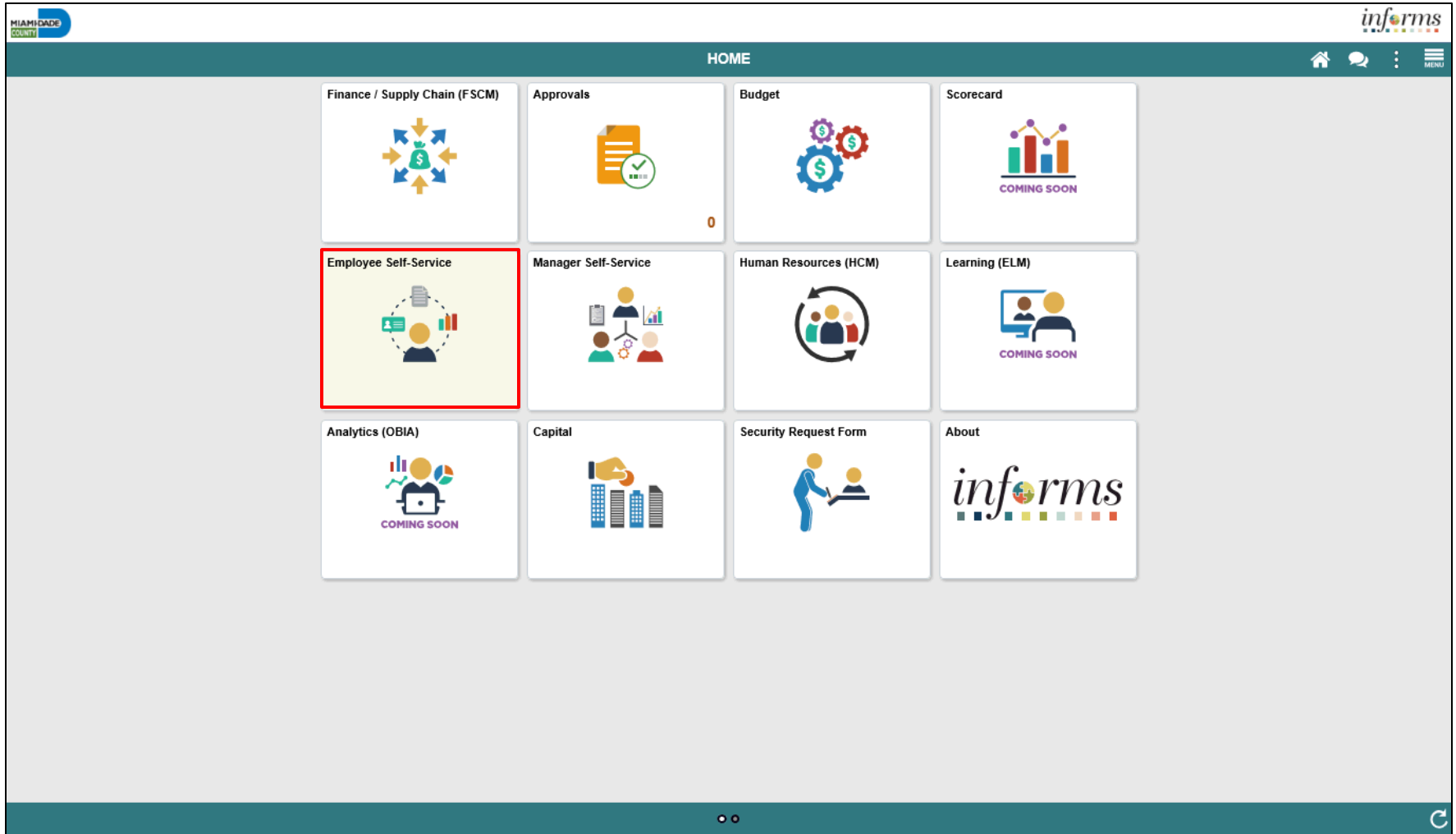
Visit the INFORMS home page at <https://informs.miamidade.gov/>

If not already logged in, enter your login credentials.



Step 1:

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



Step 2:

Click the **Open Enrollment** tile.

The screenshot displays the 'Employee Self-Service' portal interface. The top navigation bar includes the Miami-Dade County logo on the left, the title 'Employee Self-Service' in the center, and navigation icons (home, chat, menu) on the right. The main content area is a grid of tiles:

- Approvals**: Shows a document icon with a checkmark and a '0' in the bottom right corner.
- Open Enrollment**: This tile is highlighted with a red border. It contains the text: 'Starts now until 9/23/2022. Your final enrollment must be submitted by 11:59 PM EST, 9/23/2022'. Below this is a countdown timer: 'Countdown to Open Enrollment Deadline: Days HH MM SS' with the value '0 10:14:34'.
- EMASS Labor and Work Perform...**: Shows a person icon with a clock.
- Careers**: Shows a briefcase icon.
- Time and Absence**: Shows a person icon with a clock.
- Payroll**: Shows a green bill icon and the text 'Last Pay Date 08/26/2022'.
- Personal Details**: Shows a profile picture of a woman.
- Talent Profile**: Shows a person icon with a star.
- Benefit Details**: Shows icons for a person, a house, and a cross, with the text 'Enrollment Ends 09/23/2022'.
- Performance**: Shows a document icon with a bar chart and a person icon.
- Total Rewards**: Shows a pie chart and the text 'MDC TOTAL REWARDS'.

The bottom of the screen features a dark teal bar with three small white circles on the left and a refresh icon on the right.

Step 3:

Click the **Benefits Enrollment** button.

Next >

Welcome ● Visited	Task: Welcome <p>Open enrollment is your annual opportunity to modify your benefit choices. The video gives you step by step instruction on how to enroll your benefits. Your elections will begin on 1/1/2026.</p> <p>IMPORTANT OPEN ENROLLMENT REMINDERS:</p> <ul style="list-style-type: none"> Effective 1/1/2026, Aetna will be our new medical insurance carrier. Your Aetna medical coverage and benefits will be the same as your current coverage. Your online Open Enrollment form will reflect the Aetna plan that corresponds with your current coverage. The Flexible Spending Account (FSA) does not automatically roll over. You must enroll in the plan every year during Open Enrollment to continue coverage. ONE-TIME OPPORTUNITY! If you are enrolling in the LOW OPTION for Short Term Disability or Long Term Disability, no Statement of Health is required. For any other new enrollment or coverage increase, you must complete and submit the Statement of Health form. Click here for the form. ONE-TIME OPPORTUNITY! Employees currently enrolled in Optional Life coverage with 1x, 2x or 3x salary may increase to 4x salary without completing Evidence of Insurability. To make an election for Optional Life coverage, visit the Minnesota Life benefits portal at Minnesota Life. Submit proof of eligibility for newly added dependents before Open Enrollment closes. Submit Affidavit of Dependent Eligibility for your age 26-29 dependents enrolled in County medical coverage. Remove any ineligible dependents from your coverage before Open Enrollment closes. If you are waiving County medical coverage, go into the Medical section and select Waive - Decline Coverage. Click SUBMIT ENROLLMENT to complete your elections. Then, click ENROLLMENT PREVIEW STATEMENT to view and print the confirmation of your elections.
Dependent Info ✔ Complete	
Benefits Summary ● Visited	
Benefits Enrollment ✔ Complete	
Summary ● Visited	
Benefits Statements ● Visited	

Step 4:
Click the tile for the benefit plan you wish to enroll in or change.

< Previous
Next >

- **Welcome**
● Visited
- **Dependent Info**
✔ Complete
- **Benefits Summary**
● Visited
- ✔ **Benefits Enrollment**
✔ Complete
- **Summary**
● Visited
- **Benefits Statements**
● Visited

Task: Benefits Enrollment

* Indicates required field

The Enrollment Overview displays which benefit options are open for elections/changes. Once you have clicked **SUBMIT ENROLLMENT**, click **ENROLLMENT PREVIEW STATEMENT** to view and print the confirmation of your elections.

Enrollment Summary

Your Pay Period Cost **\$285.50** Full Cost **\$285.50**

Status **Pending Review**

Enrollment Preview Statement

Submit Enrollment

Benefit Plans

☰
☰

<p>Medical</p> <p>Current Aetna-Select Advantage HMO New Aetna-Select Advantage HMO Status ✔ Changed <small>☰ 2 Dependents</small></p> <p>Pay Period Cost \$236.00</p> <p style="text-align: right;">Review</p>	<p>Dental</p> <p>Current Delta Dental PPO Enriched New Delta Dental PPO Enriched Status Pending Review <small>☰ 0 Dependents</small></p> <p>Pay Period Cost \$5.45</p> <p style="text-align: right;">Review</p>	<p>Vision</p> <p>Current Humana Vision Enriched New Humana Vision Enriched Status Pending Review <small>☰ 0 Dependents</small></p> <p>Pay Period Cost \$6.18</p> <p style="text-align: right;">Review</p>
Life	Short-Term Disability	Long-Term Disability

Step 5:

Click **Select** next to the plan option you wish to enroll in.

Check the box(es) next to the dependents you wish to add to your coverage.

Uncheck the box(es) next to the dependents you wish to remove from your coverage.

Cancel
Medical
Done

All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured. Enrollment in this benefit may require proof of coverage.

▼ **Enroll Your Dependents**

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

	Dependents	Relationship
<input checked="" type="checkbox"/>	JASON W HILL	Spouse
<input type="checkbox"/>	Jane Doe	Child

Add/Update Dependent

▼ **Enroll in Your Plan**

The Employee + Spouse cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Pay Period Cost
Select	First Choice Advantage HMO ?	\$134.71		\$134.71
✓	Select Advantage HMO ?	\$166.50		\$166.50
Select	Waive Proof Required			\$0.00

Overview of All Plans

Step 6:

Click the **Done** button.

Cancel
Medical
Done

All of our medical choices promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured. Enrollment in this benefit may require proof of coverage.

▼ Enroll Your Dependents

Dependents that the employee has registered are listed here. Select the Add/Update Dependent button to view, update or add a new dependent.

	Dependents	Relationship
<input checked="" type="checkbox"/>	JASON W HILL	Spouse
<input checked="" type="checkbox"/>	Jane Doe	Child

Add/Update Dependent

▼ Enroll in Your Plan

The cost shown for each plan is based on the dependents enrolled. Plans that do not offer coverage for the dependents enrolled are not available to select. To see other coverage costs for individual plans, select the help icon corresponding to each plan option.

	Plan Name	Proof of Coverage	Before Tax Cost	After Tax Cost	Pay Period Cost
Select	First Choice Advantage HMO	i	\$197.84		\$197.84
<input checked="" type="checkbox"/>	Select Advantage HMO	i	\$166.00	\$70.00	\$236.00
Select	Waive	Proof Required			\$0.00

Overview of All Plans

Follow Steps 4 - 6 to enroll in or change the following benefits:
 Medical, Dental, Vision, Short-Term Disability, Long-Term Disability, Legal Insurance

< Previous
Next >

Welcome
● Visited

Dependent Info
● Complete

Benefits Summary
● Visited

Benefits Enrollment
● Complete

Summary
● Visited

Benefits Statements
● Visited

Task: Benefits Enrollment

* Indicates required field

The Enrollment Overview displays which benefit options are open for elections/changes. Once you have clicked **SUBMIT ENROLLMENT**, click **ENROLLMENT PREVIEW STATEMENT** to view and print the confirmation of your elections.

▼ **Enrollment Summary**

Your Pay Period Cost **\$285.50** Full Cost \$285.50

Status **Pending Review**

Enrollment Preview Statement

Submit Enrollment

Benefit Plans

<p>Medical</p> <p>Current Aetna-Select Advantage HMO New Aetna-Select Advantage HMO Status ✔ Changed 2 Dependents</p> <p>Pay Period Cost \$236.00 Review</p>	<p>Dental</p> <p>Current Delta Dental PPO Enriched New Delta Dental PPO Enriched Status Pending Review 0 Dependents</p> <p>Pay Period Cost \$5.45 Review</p>	<p>Vision</p> <p>Current Humana Vision Enriched New Humana Vision Enriched Status Pending Review 0 Dependents</p> <p>Pay Period Cost \$6.18 Review</p>
Life	Short-Term Disability	Long-Term Disability

Step 7:

Click the **Submit Enrollment** button to submit your elections and complete your enrollment.

< Previous Next >

- **Welcome**
● Visited
- **Dependent Info**
● Complete
- **Benefits Summary**
● Visited
- **Benefits Enrollment**
● Complete
- **Summary**
● Visited
- **Benefits Statements**
● Visited

Task: Benefits Enrollment

* Indicates required field

The Enrollment Overview displays which benefit options are open for elections/changes. Once you have clicked **SUBMIT ENROLLMENT**, click **ENROLLMENT PREVIEW STATEMENT** to view and print the confirmation of your elections.

▼ **Enrollment Summary**

Your Pay Period Cost **\$285.50** Full Cost **\$285.50**

Status **Pending Review**

Enrollment Preview Statement

Submit Enrollment

Benefit Plans

Medical	Dental	Vision
<p>Current Aetna-Select Advantage HMO New Aetna-Select Advantage HMO Status Changed ⚙️ 2 Dependents</p> <p>Pay Period Cost \$236.00</p> <p style="text-align: right;">Review</p>	<p>Current Delta Dental PPO Enriched New Delta Dental PPO Enriched Status Pending Review ⚙️ 0 Dependents</p> <p>Pay Period Cost \$5.45</p> <p style="text-align: right;">Review</p>	<p>Current Humana Vision Enriched New Humana Vision Enriched Status Pending Review ⚙️ 0 Dependents</p> <p>Pay Period Cost \$6.18</p> <p style="text-align: right;">Review</p>
Life	Short-Term Disability	Long-Term Disability



Enroll in Benefits - HealthCare Flexible Spending Accounts

Step 1:

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

[< Previous](#) [Next >](#)

<p>Welcome ● Visited</p> <p>Dependent Info ● Complete</p> <p>Benefits Summary ● Visited</p> <p>Benefits Enrollment ● Complete</p> <p>Summary ● Visited</p> <p>Benefits Statements ● Visited</p>	<p>Review</p>	<p>Review</p>	<p>Review</p>
	<p>Life</p> <p>Current Basic Life Salary New Basic Life \$160,377 Status Not Available</p> <p>Pay Period Cost \$0.00</p>	<p>Short-Term Disability</p> <p>Current No Coverage New No Coverage Status Pending Review</p> <p>Pay Period Cost \$0.00</p> <p style="text-align: right;">Review</p>	<p>Long-Term Disability</p> <p>Current LTD Premier New LTD Premier Status Pending Review</p> <p>Pay Period Cost \$30.66</p> <p style="text-align: right;">Review</p>
	<p>Flex Spending Health - U.S.</p> <p>Current FSA - Health New Waive - Decline Coverage Status Pending Review</p> <p>Pay Period Cost \$0.00</p> <p style="text-align: right;">Review</p>	<p>Flex Spending Dependent Care</p> <p>Current Waive - Decline Coverage New Waive - Decline Coverage Status Pending Review</p> <p>Pay Period Cost \$0.00</p> <p style="text-align: right;">Review</p>	<p>Florida Retirement System</p> <p>Current FRS Regular New FRS Regular Status Not Available</p> <p>Pay Period Cost \$0.00</p>
	<p>Legal Services</p> <p>Current Legal Employee Only New Legal Employee Only Status Pending Review</p>		



Step 2:

Click **Select** to enroll in the HealthCare Flexible Spending Account (FSA).

[Cancel](#) **Flex Spending Health - U.S.** [Done](#)

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ **Enroll in Your Plan**

Plan Name	
✓	Waive
Select	FSA - Health



Step 3:

Click in the **Annual Pledge** field.

The **Annual Pledge** is the total amount you wish to contribute into the account for the year.

Cancel Flex Spending Health - U.S. Done

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ **Enroll in Your Plan**

Plan Name	
Select	Waive
✓	FSA - Health

▼ **Contribution Amount**

Annual Pledge

Minimum \$26.00 Maximum \$2,850.00.
Annual pledge 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.



Enroll in Benefits - HealthCare Flexible Spending Accounts

Step 4:

To calculate the amount that will be deducted in each pay period, 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-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ **Enroll in Your Plan**

Plan Name	
Select	Waive
✓	FSA - Health

▼ **Contribution Amount**

Annual Pledge x

Minimum \$26.00 Maximum \$2,850.00.
Annual pledge 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 5:

Click the **Calculate** button.

Cancel Flex Spending Health - U.S. Done

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ **Enroll in Your Plan**

Plan Name	
Select	Waive
✓	FSA - Health

▼ **Contribution Amount**

Annual Pled

Cancel Flexible Spending Account Worksheet Done

Estimate Contribution from

Your New Annual Pledge

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 27

Estimated Per Pay Period Contribution 0.00

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount



Enroll in Benefits - HealthCare Flexible Spending Accounts

Step 6:

Click the **Done** button.

Cancel Done

Flex Spending Health - U.S.

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ **Enroll in Your Plan**

Plan Name
Select Waive
✓ FSA - Health

▼ **Contribution Amount**

Annual Pledge

Cancel Done

Flexible Spending Account Worksheet

Estimate Contribution from

Your New Annual Pledge

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 27

Estimated Per Pay Period Contribution 74.07

Select Calculate to recalculate the new annual pledge or estimated per pay period amount



Enroll in Benefits - HealthCare Flexible Spending Accounts

Step 7:

Click the **Done** button. Procedure completed..

Flex Spending Health - U.S.

The Health Care Spending Account (HCSA) allows you to use pre-tax dollars to pay for expenses that are not 100 percent covered through your spouse's group health care plans.

▼ **Enroll in Your Plan**

Plan Name	
<input type="button" value="Select"/>	Waive
<input checked="" type="checkbox"/>	FSA - Health

▼ **Contribution Amount**

Annual Pledge

Minimum \$26.00 Maximum \$2,850.00.
Annual pledge amount for all Flexible Spending Accounts must not exceed \$7,850.00.

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Estimated Pay Period Cost \$74.07



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 1:
Click the **Flex Spending Dependent Care** tile.

Welcome
● Visited

Dependent Info
● Complete

Benefits Summary
● Visited

Benefits Enrollment
● Complete

Summary
● Visited

Benefits Statements
● Visited

Benefit Plans

Medical
Current Aetna-Select Advantage HMO
New Aetna-Select Advantage HMO
Status **Changed**
3 Dependents
Pay Period Cost **\$236.00**
Review

Dental
Current Delta Dental PPO Enriched
New Delta Dental PPO Enriched
Status **Pending Review**
0 Dependents
Pay Period Cost **\$5.45**
Review

Vision
Current Humana Vision Enriched
New Humana Vision Enriched
Status **Pending Review**
0 Dependents
Pay Period Cost **\$6.18**
Review

Life
Current Basic Life Salary
New Basic Life \$160,377
Status **Not Available**
Pay Period Cost **\$0.00**

Short-Term Disability
Current No Coverage
New No Coverage
Status **Pending Review**
Pay Period Cost **\$0.00**
Review

Long-Term Disability
Current LTD Premier
New LTD Premier
Status **Pending Review**
Pay Period Cost **\$30.66**
Review

Flex Spending Health - U.S.
Current FSA - Health
New Waive - Decline Coverage
Status **Pending Review**
Pay Period Cost **\$0.00**
Review

Flex Spending Dependent Care
Current Waive - Decline Coverage
New Waive - Decline Coverage
Status **Pending Review**
Pay Period Cost **\$0.00**
Review

Florida Retirement System
Current FRS Regular
New FRS Regular
Status **Not Available**
Pay Period Cost **\$0.00**



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 2:

Click **Select**

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. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

▼ Enroll in Your Plan

Plan Name	
<input checked="" type="checkbox"/>	Waive - Decline Coverage
<input type="checkbox"/>	FSA Dependent Care



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 3:

Click in the **Annual Pledge** field.

The **Annual Pledge** is the total amount you wish to contribute into the account for the year.

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. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

▼ Enroll in Your Plan

Plan Name	
Select	Waive - Decline Coverage
✓	FSA Dependent Care

▼ Contribution Amount

Annual Pledge

Minimum \$260.00 Maximum \$5,000.00.
Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,300.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 4:

To calculate the amount that will be deducted in each pay period, 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. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

▼ Enroll in Your Plan

Plan Name	
Select	Waive - Decline Coverage
✓	FSA Dependent Care

▼ Contribution Amount

Annual Pledge

Minimum \$260.00 Maximum \$5,000.00
Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,300.00.

Flexible Spending Account Worksheet

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.



Enroll in Benefits Dependent Care Flexible Spending Accounts

Step 5:

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. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

▼ Enroll in Your Plan

Plan Name
Select Waive - Decline Coverage
✓ FSA Dependent Care

▼ Contribution Amount

Annual Pledge

Minimum \$260.00
Annual pledge amount

Flexible Spending Account

Select the Flexible Spending Account

Cancel Flexible Spending Account Worksheet Done

Estimate Contribution from

Your New Annual Pledge

Minus Your Year To Date Contributions

Divided by Pay Periods Remaining

Estimated Per Pay Period Contribution

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 6:

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 daycare, which gives you and your spouse the option to work. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

Enroll in Your Plan

Plan Name

Select Waive - Decline Coverage

✓ FSA Dependent Care

Contribution Amount

Annual Pledge 3000

Minimum \$260.00
Annual pledge amount

Flexible Spending Account Worksheet

Estimate Contribution from Annual Pledge

Your New Annual Pledge 3,000.00

Minus Your Year To Date Contributions 0.00

Divided by Pay Periods Remaining 26

Estimated Per Pay Period Contribution 0.00

Calculate

Select Calculate to recalculate the new annual pledge or estimated per pay period amount

Done



Enroll in Benefits - Dependent Care Flexible Spending Accounts

Step 7:

Click the **Done** button. Procedure completed.

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. The Dependent Care FSA is not for your family members' medical expenses. For medical-related expenses for your eligible family members, select the Healthcare FSA.

▼ Enroll in Your Plan

Plan Name	
Select	Waive - Decline Coverage
✓	FSA Dependent Care

▼ Contribution Amount

Annual Pledge

Minimum \$260.00 Maximum \$5,000.00
Annual pledge amount for all Flexible Spending Accounts must not exceed \$8,300.00.

[Flexible Spending Account Worksheet](#)

Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.

Estimated Pay Period Cost \$0.00

Step 1:

Click the **Enrollment Preview Statement** button to view your open enrollment elections.

< Previous Next >

- **Welcome**
● Visited
- **Dependent Info**
● Complete
- **Benefits Summary**
● Visited
- **Benefits Enrollment**
● Complete
- **Summary**
● Visited
- **Benefits Statements**
● Visited

Task: Benefits Enrollment

* Indicates required field

The Enrollment Overview displays which benefit options are open for elections/changes. Once you have clicked **SUBMIT ENROLLMENT**, click **ENROLLMENT PREVIEW STATEMENT** to view and print the confirmation of your elections.

▼ **Enrollment Summary**

Your Pay Period Cost **\$285.50** Full Cost **\$285.50**

Status **Pending Review**

[Enrollment Preview Statement](#)

[Submit Enrollment](#)

Benefit Plans

Medical	Dental	Vision
<p>Current Aetna-Select Advantage HMO New Aetna-Select Advantage HMO Status Changed 👤 2 Dependents</p> <p>Pay Period Cost \$236.00</p> <p style="text-align: right;">Review</p>	<p>Current Delta Dental PPO Enriched New Delta Dental PPO Enriched Status Pending Review 👤 0 Dependents</p> <p>Pay Period Cost \$5.45</p> <p style="text-align: right;">Review</p>	<p>Current Humana Vision Enriched New Humana Vision Enriched Status Pending Review 👤 0 Dependents</p> <p>Pay Period Cost \$6.18</p> <p style="text-align: right;">Review</p>
Life	Short-Term Disability	Long-Term Disability



Step 2:

Click the **Election Summary** dropdown to view your elections

Click the **Dependents** dropdown to view your dependents.

Click **Print View** to display your confirmation of elections.

Click the **Print** button/icon in your web browser to print your elections statement.

Benefits Statement ×

Statement Type Submitted Enrollment Description Open Enrollment 2025 **Print View**

Enrollment Effective Date 01/01/2025 Run Date 10/04/2024

This statement confirms your Open Enrollment 2025 benefit selections and pay period costs, dependent information, and beneficiary information. If an error has been made in recording your elections, please contact your benefits administrator. These coverages will remain in effect until the next Benefits Open Enrollment or you experience a change in family status or employment situation. Please keep the statement for your records.

Statement Sections

- ▶ Personal Information
- ▶ Cost Summary
- ▶ Election Summary**
- ▶ Dependents**
- ▶ Dependent Enrollments
- ▶ Beneficiary Designations
- ▶ Investment Allocations