

2018

Annual Open Enrollment



User Guide



OPEN ENROLLMENT GUIDE

1. Enter your SIM **User ID** and **Password**.
2. Click on the **Sign In** button.

3. Click on **Benefits**.



The system defaults to **Benefits Enrollment**.

Carefully read the important text concerning your benefits.

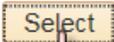
4. Scroll down and click on **Select** to begin the enrollment process.

Review the [Group Insurance Information booklet](#) and applicable plan documents for additional details as the information in MyBenefits is only a brief summary. In the event of a conflict between MyBenefits and the applicable Group Insurance policy, the applicable Group Insurance policy and/or certificate shall dictate the insurance and coverage provisions, exclusions, all limitations and terms of coverage.

The Information icon provides you with additional information about your enrollment. The Select button next to an event means it is currently open for enrollment.

To begin your enrollment, click **Select**.

Note: Some events may be temporarily closed until you have completed enrollment for a prior event.

Open Benefit Events					
Event Description		Event Date	Event Status	Job Title	
Open Enrollment		01/01/2018	Open	FIN ANALYST II	

Once you click Select, it will take a few seconds for your benefits enrollment information to load. Make sure to submit your elections when you have completed the transaction to commit your changes.

ENROLLMENT SUMMARY

The **Enrollment Summary** shows all available benefits options offered to employees. The data shown for each benefit under "Current" reflects the options selected for the current plan year. The information shown under "New" will be your benefit for the upcoming plan year. The Election Summary displays the pay period deductions for enrollment choices made for the upcoming plan year.

Enrollment Summary					
	Employee Cost	Credits	Before Tax	After Tax	Edit
Medical					
Current: County HMO - Pre Tax:Empl Only					
New: County HMO - Pre Tax:Empl Only	15.50	0.00	15.50		
Dental					
Current: County Dental 1 - Pre Tax:Empl Only					
New: DHMO Pre Tax:Empl Only	5.58	0.00	5.58		
Life					
Current: County Basic Life: \$25,000					
New: County Basic Life: \$25,000	0.00	0.00		0.00	
County Supplemental Life					
Current: Waive					
New: Waive	0.00	0.00			
Dependent Life					
Current: Waive					
New: Waive	0.00	0.00			
Spousal Life					
Current: Waive					
New: Waive	0.00	0.00			
Short-Term Disability					
Current: Waive					
New: Waive	0.00	0.00			
Long-Term Disability					
Current: HMO Basic 50% LTD: 50.00% of Salary					
New: HMO Basic 50% LTD: 50.00% of Salary	0.00	0.00		0.00	
Flex Spending Health - U.S.					
Current: No Coverage					
New: No Coverage					
Flex Spending Dependent Care					
Current: No Coverage					
New: No Coverage					
Legal Services					
Current: ARAG Legal Plan	NEW				
New: ARAG Legal Plan	7.98	0.00		7.98	

This table summarizes estimated costs for your new benefit choices. (The "Employer" column displays the amount the County is contributing to subsidize the cost of your benefits.)

Election Summary				
Row Label	Total	Before Tax	After Tax	Employer
Costs	29.06	21.08	7.98	386.21
Credits	0.00	0.00		
Your Costs	29.06	21.08	7.98	

Opt-Out credit will be taxed like regular earnings; LTD credit of \$2.30 is an employer reimbursement and not included in taxable earnings.

The Company's contributions towards your benefits may impact the taxes on your paycheck.

Click **Submit** to send your final choices to your Group Insurance Office.
 Or click the **I Have No Changes** button if you are happy with your prior elections and do not want to make any changes.

i Important: Your enrollment will not be complete until you Submit your choices to your Group Insurance Office.

5. Click on the **Edit** button for the **Medical** section.

MEDICAL

1. Click on the radio button next to the plan option of your choice; the cost shows the pay period deduction for your choice.

Your enrollment on this page may affect your choices for the following type(s) of coverage:
Long-Term Disability

Select an Option

Here Are Your Available Options With Your Costs:

[Overview of all Plans](#)

Select one of the following plans:

If you choose to Waive coverage in this plan, you will receive a \$38.46 credit.

County HMO - Pre Tax

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$15.50	\$0.00	\$15.50	Before-Tax
Employee + 1 Dependent (2)	\$100.50	\$0.00	\$100.50	Before-Tax
EE + 2 or more Dependents (3C)	\$170.00	\$0.00	\$170.00	Before-Tax

County POS - Pre Tax

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$33.50	\$0.00	\$33.50	Before-Tax
Employee + 1 Dependent (2)	\$164.00	\$0.00	\$164.00	Before-Tax
EE + 2 or more Dependents (3C)	\$250.50	\$0.00	\$250.50	Before-Tax

Waive. (You will be required to provide proof of other coverage with this choice.)

Enroll Your Dependents

ENROLL YOUR DEPENDENTS

2. Scroll down to click on **Add/Review Dependents** (if necessary).

Enroll Your Dependents

The following list displays your dependents. If a dependent is missing from this list, click **Add/Review Dependents**. Coverage for your dependents is subject to receipt of acceptable and timely dependent verification documents by your Group Insurance Office.

You may enroll any of the following dependents for coverage under this plan by checking the **Enroll** box next to the dependent's name.

To remove any currently enrolled dependents, uncheck the **Enroll** box next to the dependent's name.

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Spouse Name	Spouse
<input checked="" type="checkbox"/>	Dependent Name	Child
<input checked="" type="checkbox"/>	Dependent Name	Child

Previously enrolled dependents will appear.

[Add/Review Dependents](#)

ADD A NEW DEPENDENT

3. Click on the **Add a dependent or beneficiary** button.

My Page

Add/Review Dependent/Beneficiary

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent Information								
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
Spouse Name	Spouse		Unknown		No	No	Yes	Yes
Dependent Name	Child		Single		No	No	Yes	Yes
Dependent Name	Child		Single		No	No	Yes	Yes

[Add a dependent or beneficiary](#)

[Return to Event Selection](#)

4. Enter the following **required fields** for your new dependent:

First Name, Last Name, Date of Birth, Gender, Social Security Number, Marital Status

Dependent/Beneficiary Personal Information

Jane Employee

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2018.

Personal Information

*First Name

Middle Name

*Last Name

Name Prefix

Name Suffix

Date of Birth

*Gender Male

Social Security Number

*Relationship to Employee

Status Information

*Marital Status Single As of

Student No As of

Disabled No As of

Smoker Non Smoker As of

Address and Telephone

Same Address as Employee

Country United States

Address

Same Phone as Employee

Phone

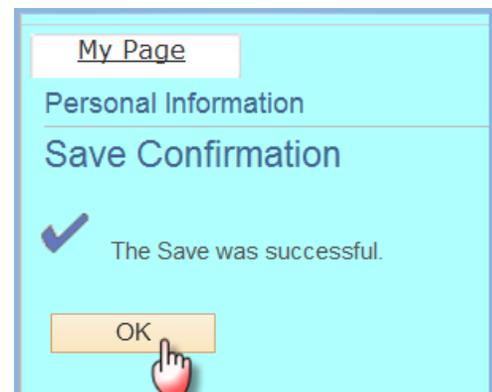
Save

Return

The "Return" link will not save data.

5. Click on the **Save** button.

6. Click **OK** on the Save Confirmation pop up screen to return to the **Add/Review Dependent/Beneficiary** page.



- Click on the **Return to Event Selection** link.

My Page

Add/Review Dependent/Beneficiary

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent Information								
Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
Spouse Name	Spouse		Unknown		No	No	Yes	Yes
Dependent Name	Child		Unknown		No	No	Yes	Yes
Dependent Name	Child		Single		No	No	Yes	Yes
Newly added dependent	Child	DOB	Single		No	No	Yes	Yes

[Return to Event Selection](#)

- Click in the **Enroll** box next to the newly added dependent's name. *You may add additional dependents by repeating the process.*

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>		Spouse
<input checked="" type="checkbox"/>		Child
<input checked="" type="checkbox"/>		Child
<input type="checkbox"/>	New dependent name	Child

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

- Click on **Continue** to store your choices and return to the Enrollment Summary page.

DENTAL

- Click on the **Edit** button for the **Dental** section.

New:	County HMO - Pre Tax:EE+Z+ (3C)	165.00	0.00	165.00		
Dental		Employee Cost	Credits	Before Tax	After Tax	<input type="button" value="Edit"/>
Current:	County Dental 3 - Pre Tax:Emp+2Deps					
New:	High PPO Pre Tax:EE+2 (3A)	35.79	0.00	35.79		

- Click on the radio button next to the plan option of your choice; the cost shows the pay period deduction for your choice.

My Page

Anyone who is eligible for coverage as an employee **CANNOT** be covered as a dependent.

i **Important! Your current coverage is: County Dental 3 - Pre Tax with Employee + 2 Dependents coverage. You will continue with this coverage if you do not make a choice.**

Select an Option

Here Are Your Available Options With Your Costs:

[Overview of all Plans](#)

Select one of the following plans:

DHMO Pre Tax

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$5.58	\$0.00	\$5.58	Before-Tax
Employee + 1 Dependent (2)	\$9.55	\$0.00	\$9.55	Before-Tax
EE + 2 Dependents (3A)	\$12.94	\$0.00	\$12.94	Before-Tax
EE + 3 or more Dependents (4Z)	\$17.07	\$0.00	\$17.07	Before-Tax

Low PPO Pre Tax

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$8.61	\$0.00	\$8.61	Before-Tax
Employee + 1 Dependent (2)	\$16.34	\$0.00	\$16.34	Before-Tax
Employee + Domestic Partner	\$16.34	\$0.00	\$16.34	Before and After Ta
EE + 2 Dependents (3A)	\$19.98	\$0.00	\$19.98	Before-Tax
EE + 3 or more Dependents (4Z)	\$27.75	\$0.00	\$27.75	Before-Tax

High PPO Pre Tax

Coverage Level	Costs	Credits	Your Costs	Tax Class
Employee Only	\$16.17	\$0.00	\$16.17	Before-Tax
Employee + 1 Dependent (2)	\$30.98	\$0.00	\$30.98	Before-Tax
Employee + Domestic Partner	\$30.98	\$0.00	\$30.98	Before and After Ta
EE + 2 Dependents (3A)	\$35.79	\$0.00	\$35.79	Before-Tax
EE + 3 or more Dependents (4Z)	\$50.61	\$0.00	\$50.61	Before-Tax

Waive

When a change in coverage is selected the new cost will display indicating covered dependents, if any.

- Previously enrolled dependents will appear in the **Enroll Your Dependents** section. You may Add/Review Dependents, as needed, as previously instructed for the Medical section.

Enroll Your Dependents

The following list displays your dependents. If a dependent is missing from this list, click **Add/Review Dependents**. Coverage for your dependents is subject to receipt of acceptable and timely dependent verification documents by your Group Insurance Office.

You may enroll any of the following dependents for coverage under this plan by checking the **Enroll** box next to the dependent's name.

To remove any currently enrolled dependents, uncheck the **Enroll** box next to the dependent's name.

Dependent Beneficiary		
Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Spouse Name	Spouse
<input checked="" type="checkbox"/>	Dependent Name	Child
<input checked="" type="checkbox"/>	Dependent Name	Child

Add/Review Dependents

Continue
Cancel

- Click **Continue**. Your plan choice and dependents will appear.

Benefits Enrollment

Dental

Jane Employee

i **Important: Your enrollment will not be complete until you click "Submit" which will submit your choices to your Group Insurance Office.**

Your Choice

You have chosen **DHMO Pre Tax**. You are covering **Employee Only**.

Your Estimated per-pay-period Cost

Employee Cost	\$5.58
Credits	\$0.00
Your Cost	\$5.58

Notes

Once submitted, this choice will take effect on 01/01/2018. Deductions for this choice will start with the pay period beginning 12/23/2017.

OK
Cancel

Clicking on Cancel will return you to the Dental coverage options.

Click **OK** to store your choices.

If you need to go back and change your choices after clicking **OK**, you may click the **Edit** button once you return to the Enrollment Summary page.

- Click **OK**.

COUNTY SUPPLEMENTAL LIFE

1. Click on the **Edit** button for the **Supplemental Life** section.

County Supplemental Life	Employee Cost	Credits	Before Tax	After Tax	
Current: Waive					
New: Waive	0.00	0.00			

2. Select the desired amount of coverage by clicking on the adjacent radio button.

Benefits Enrollment

County Supplemental Life

Jane Employee

Life insurance plays an important role in ensuring that your family is financially secure if you were to pass away. In addition, this benefit includes Accidental Death & Dismemberment (AD&D) insurance that provides your beneficiaries with additional financial security if you die or lose a limb or sight due to an accident.

You can elect or increase your current coverage by \$10,000 without Evidence of Insurability (EOI) as long as the resulting coverage does not exceed \$100,000 and as long as you have not been previously declined for coverage.

Coverage selections or increases subject to EOI will not go into effect until the request is approved by the carrier.

i Important! Your current coverage is: County Addtl Life Insurance100: \$100,000. You will continue with this coverage if you do not make a choice.

Notes

* If you select this choice, you will be required to provide Proof of Insurability before coverage, above the guaranteed issue amounts, takes effect.

Select an Option

Here Are Your Available Options With Your Per-Pay-Period Costs:

Select one of the following plans:

Coverage Level	Employee Cost	Credits	Your Cost	Tax Class
<input type="radio"/> County Addtl Life Insurance 10 (\$10,000)	1.75		1.75	Before-Tax
<input type="radio"/> County Addtl Life Insurance 20 (\$20,000)	3.49		3.49	Before-Tax
<input type="radio"/> County Addtl Life Insurance 30 (\$30,000)	5.24		5.24	Before and After Tax
<input type="radio"/> County Addtl Life Insurance 40 (\$40,000)	6.98		6.98	Before and After Tax
<input type="radio"/> County Addtl Life Insurance 50 (\$50,000)	8.73		8.73	Before and After Tax
<input type="radio"/> County Addtl Life Insurance 60 (\$60,000)	10.47		10.47	Before and After Tax
<input type="radio"/> County Addtl Life Insurance 70 (\$70,000)	12.22		12.22	Before and After Tax
<input type="radio"/> County Addtl Life Insurance 80 (\$80,000)	13.96		13.96	Before and After Tax
<input type="radio"/> County Addtl Life Insurance 90 (\$90,000)	15.71		15.71	Before and After Tax
<input checked="" type="radio"/> County Addtl Life Insurance100 (\$100,000)	17.45		17.45	Before and After Tax
<input type="radio"/> * County Addtl Life Insurance110 (\$110,000)	19.20		19.20	Before and After Tax
<input type="radio"/> * County Addtl Life Insurance120 (\$120,000)	20.94		20.94	Before and After Tax
Continuing \$10,000 increments				
<input type="radio"/> * County Addtl Life Insurance280 (\$280,000)	48.86		48.86	Before and After Tax
<input type="radio"/> * County Addtl Life Insurance290 (\$290,000)	50.61		50.61	Before and After Tax
<input type="radio"/> * County Addtl Life Insurance300 (\$300,000)	52.35		52.35	Before and After Tax
<input type="radio"/> Waive				

Beneficiaries were not loaded into MyBenefits from the prior system. If you haven't done so already, please update your life insurance beneficiaries for your basic and supplemental life at this time.

- Designate your beneficiary allocation details as desired by typing in the text field. You may also Add/Review Beneficiaries as previously instructed in the Medical section.

Designate Your Beneficiaries

The following list displays your beneficiaries. If a beneficiary is missing from this list, click Add/Review Beneficiaries to add new beneficiaries to your list.

You may designate the following individuals as Primary or Contingent beneficiaries by allocating a percent or a specific dollar amount. Contingent beneficiaries receive benefits only if all Primary beneficiaries are deceased.

If you select flat dollar amounts, then one beneficiary must be designated to receive any left over money from the policy.

If you select percents, all percents for Primary beneficiaries must total 100. All percents for Contingent beneficiaries (if any) must also total 100.

*Enter Primary Allocations as

*Enter Contingent Allocations as

Allocation Details

Name	Relationship	Current Primary Percent	Current Contingent Percent	New Primary Allocation	New Contingent Allocation
Spouse Name	Spouse	100		<input type="text" value="100"/>	<input type="text"/>
Child Name	Child			<input type="text" value="34"/>	<input type="text" value="34"/>
Parent Name	Parent			<input type="text" value="33"/>	<input type="text" value="33"/>
Sibling Name	Sibling			<input type="text" value="33"/>	<input type="text" value="33"/>
Total				100	100

Allocations must total 100%.

- Click **Continue**.

5. Review/confirm your choices and click **OK**.

Benefits Enrollment

County Supplemental Life

Jane Employee

i Important: Your enrollment will not be complete until you click "Submit" which will submit your choices to your Group Insurance Office.

Your Choice

You have chosen County Addtl Life Insurance100 (\$100,000) coverage.

Your Estimated Per-Pay-Period Cost

Employee Cost	\$17.45
Credits	\$0.00
Your Cost	\$17.45

Your PRIMARY Beneficiary Allocations

Primary Allocation Details

Name	Relationship	Percent of Benefit
YOUR CHILD'S NAME	Child	33
YOUR CHILD'S NAME	Child	34
YOUR CHILD'S NAME	Child	33

Your CONTINGENT Beneficiary Allocations

You have not designated any contingent beneficiaries.

Notes

Once submitted, this choice will take effect on 01/01/2018. Deductions for this choice will start with the pay period beginning 12/23/2017.

Click **OK** to store your choices.

If you need to go back and change your choices after clicking **OK**, you may click the **Edit** button once you return to the Enrollment Summary page.

SHORT TERM DISABILITY

1. Click on the **Edit** button for the **Short-Term Disability** section. (optional)

Short-Term Disability	Employee Cost	Credits	Before Tax	After Tax	Edit
Current: Waive					
New: Waive	0.00	0.00			

2. Click on the **County Short Term Disability** radio button.

Short-Term Disability

Short-Term Disability offers income replacement to provide financial protection for you and your family if you can't work over a temporary period of time due to injury or illness. The plan is designed to partially fill any gap in your existing sick leave bank until you recover or become eligible for Long-term disability (if enrolled).

If you are newly electing this coverage during open enrollment, you must successfully complete the Evidence of Insurability (EOI) process and your request must be approved by the carrier, before the coverage can take effect.

Sick leave offsets (reduces) this benefit.

The plan will not pay any disability benefits for a disability that results, directly or indirectly from injury or sickness for which benefits are paid or payable to you from Workers' Compensation or occupational disease law. Review the coverage certificate for complete list of limitations and exclusions.

Note: If you are a worker of the CWA bargaining unit, please review your contract. The CWA offers its own short-term disability benefit program separate and apart from this plan, which is considered deductible income under this plan. Please contact your union representative with questions regarding short term disability benefits available to you under the CWA contract, before you enroll in this plan.

Review the [Group Insurance Information booklet](#) and applicable plan documents for additional details.

 **Important! Your current coverage is: Waive. You will continue with this coverage if you do not make a choice.**

Select an Option

The cost for this plan is \$15.75.

No, I do not want to enroll.

County Short Term Disability



3. Click **Continue**.

Benefits Enrollment

Short-Term Disability

Jane Employee

i Important: Your enrollment will not be complete until you click "Submit" which will submit your choices to your Group Insurance Office.

Your Choice

You have chosen County Short Term Disability coverage.
The cost for this plan is \$15.75.

Notes

Once submitted, this choice will take effect on 01/01/2018. Deductions for this choice will start with the pay period beginning 12/23/2017.

OK Cancel

Click **OK** to store your choices.

If you need to go back and change your choices after clicking **OK**, you may click the **Edit** button once you return to the Enrollment Summary page.

4. Click **OK**.

FLEXIBLE SPENDING ACCOUNTS

A flexible spending account does not carry over from one year to the next.

You MUST enroll every year if you want to participate in this benefit.

1. Click on **Edit** for the **Flexible Spending Health** section.

Plan	Employee Cost	Credits	Before Tax	After Tax	Action
Flex Spending Health - U.S. Current: County FSA Health Care: \$1,500.00 New: Waive	0.00	0.00	0.00		Edit
Flex Spending Dependent Care Current: County FSA Dependent Care: \$1,000.00 New: No Coverage					Edit

2. Click on the **County FSA Health Care** radio button.

Select an Option

No, I do not want to enroll.

County FSA Health Care

3. Click on the **Worksheet** link.

Your current FLEX elections do not automatically continue for the next plan year. You must elect coverage below to participate in this benefit for the upcoming plan year.

i Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.

The minimum contribution amount is \$260.00 and the maximum is \$2,600.00. Review the Group Insurance booklet and applicable plan documents for additional details, or Access P&A Group website at www.padmin.com.

Select an Option

No, I do not want to enroll.

County FSA Health Care

This plan requires that you specify an annual pledge amount.

Annual Pledge [Worksheet](#) Click **Worksheet** to help calculate your annual pledge for this plan year.

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

4. Use the Worksheet to determine the annual pledge amount and the associated pay period amount.

Benefits Enrollment

Flex Spending Health - U.S.

Jane Employee

Flexible Spending Accounts Worksheet

Use this worksheet to determine your desired Annual Pledge. Once you enter your New Annual Pledge, click **Calculate** and the system will estimate your per-pay-period contributions.

Estimate from Per-Pay-Period Contributions

Your New Annual Pledge	<input type="text" value="2600.00"/>
Minus Your Year-To-Date Contributions	0.00
Divided by Pay Periods Remaining	26
Estimated Per-Pay-Period Contribution	100.00

[Return](#)

5. Once satisfied with your annual pledge amount click on the **Return** link.
6. Click **Continue**.
7. Click **OK**.

Benefits Enrollment

Flex Spending Health - U.S.

Jane Employee

i Important: Your enrollment will not be complete until you click "Submit" which will submit your choices to your Group Insurance Office.

Your Choice

You have chosen to enroll in the County FSA Health Care plan with an annual pledge of \$2,600.00.

Your Contributions

Your approximate per-pay-period contribution will be \$100.00.

Notes

Once submitted, this choice will take effect on 01/01/2018.

Deductions for this choice will start with the pay period beginning 12/23/2017.

Click **OK** to store your choices.

If you need to go back and change your choices after clicking **OK**, you may click the **Edit** button once you return to the Enrollment Summary page.

SUBMITTING ENROLLMENT

1. Once you have selected and reviewed all of your benefit options, click on the **Submit** button.

This table summarizes estimated costs for your new benefit choices. (The "Employer" column displays the amount the County is contributing to subsidize the cost of your benefits.)

Election Summary				
Row Label	Total	Before Tax	After Tax	Employer
Costs	292.44	275.84	16.60	938.34
Credits	-2.30	-2.30		
Your Costs	290.14	273.54	16.60	

Opt-Out credit will be taxed like regular earnings; LTD credit of \$2.30 is an employer reimbursement and not included in taxable earnings.

The Company's contributions towards your benefits may impact the taxes on your paycheck.

Click **Submit** to send your final choices to your Group Insurance Office.

i Important: Your enrollment will not be complete until you Submit your choices to your Group Insurance Office.

Any **Errors and Warnings** will appear as determined by the system. Errors must be corrected to submit. Warnings serve as a reminder.

Benefits Enrollment

Errors and Warnings

Notes

Remember, you will need to provide Proof of Insurability before coverage amounts subject to Evidence of Insurability takes effect..

Your enrollment contains some errors/warnings. The following list displays your errors/warnings for each benefit choice. **WARNINGS** are informational for you and will allow you to submit your final benefit choices. However, you will need to correct your **ERRORS** before you can submit your final benefit choices. Contact your Group Insurance Office for assistance, if needed.

Benefit Errors and Warnings

	County Supplemental Life	Warning
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Your enrollment in this benefit plan requires further documentation or processing before it can be finalized. This may include proof of other coverage or successful completion of Evidence of Insurability processing.

[Return](#) Click **Return** to go back to the Enrollment Summary and correct your benefit choices.

 [Continue](#)

2. Click **Continue**.

Carefully read the important text concerning your benefits choices.

Benefits Enrollment

Submit Benefit Choices

Jane Employee

You have almost completed your enrollment. If you have no further changes, select the **Submit** button on this page to finalize your benefit choices.

Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you click Submit your benefit choices will be sent to your Group Insurance Office for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

Rollover Excess Credits Area

*Excess Credit Rollover To

Authorize Elections

By submitting your benefit choices you are authorizing the County to take deductions from your paycheck to pay for your benefit costs. You are also authorizing your Group Insurance Office to send the necessary personal information to your selected providers to initiate and support your coverage.

DEPENDENT COVERAGE:

By clicking submit you are affirming that the dependents you have enrolled are eligible dependents of yours, in accordance with County PPM and applicable insurance policy/certificate. It is your responsibility to ensure your dependents continue to be eligible for coverage and you must notify your group insurance office IMMEDIATELY, if a dependent of yours loses eligibility (e.g. a "spouse" becomes an "Ex-spouse" due to divorce, and, therefore, can no longer remain covered under your group insurance plans). You must notify your Group Insurance Office to update your coverage and remove any ineligible dependents. If it is determined that employees have covered dependents not eligible for coverage, the County reserves the right to require the return of all County-paid premiums, any associated claims costs paid on behalf of the ineligible dependent, and will pursue any and all other remedies available under law. The employee may also be subject to disciplinary action, up to and including termination. Review County PPM CW-P-023 for further information or contact your Group Insurance Office with any questions you may have.

OPT-OUT CREDIT:

The Opt-Out credit does not roll over from year to year, rather, you MUST apply and qualify for it each Plan Year. You have to submit proof of your other coverage (stating your name) to your Group Insurance office during the open enrollment period. Scan the info and email it to BCCMyBenefits@pbcgov.org or fax to 561-242-7184.

If you waive medical coverage, you acknowledge that you understand that neither you nor your dependents can enroll or re-enroll in any of the medical plans sponsored by BCC prior to the next Open Enrollment unless coverage ceases in the other group plan. Proper documentation must be received by your Group Insurance Office within 30 days from the date the other coverage ceases.

NOTE: The \$1,000 credit is not provided to any employee who is enrolled in a plan to which the BCC contributes – including the health plan of the BCC, Palm Tran and Supervisor of Elections as well as any other entities that may join the BCC health plan in the future. Employees who are enrolled in the health plan of Palm Beach County Fire Rescue are also excluded from the Opt-Out benefit as long as BCC contributes towards the funding of the Fire Rescue health plan in accordance with the provisions of the Collective Bargaining Agreement

County employees contact 561-233-5400.

Contact **Human Resources** at 561-616-6884 or email: retirement@pbcgov.org for questions about the **ARAG legal plan**.

Click **Submit** to send your final choices to your Group Insurance Office.

Click **Cancel** if you are not ready to submit your choices and wish to return to the Enrollment Summary.

3. Click **Submit**.

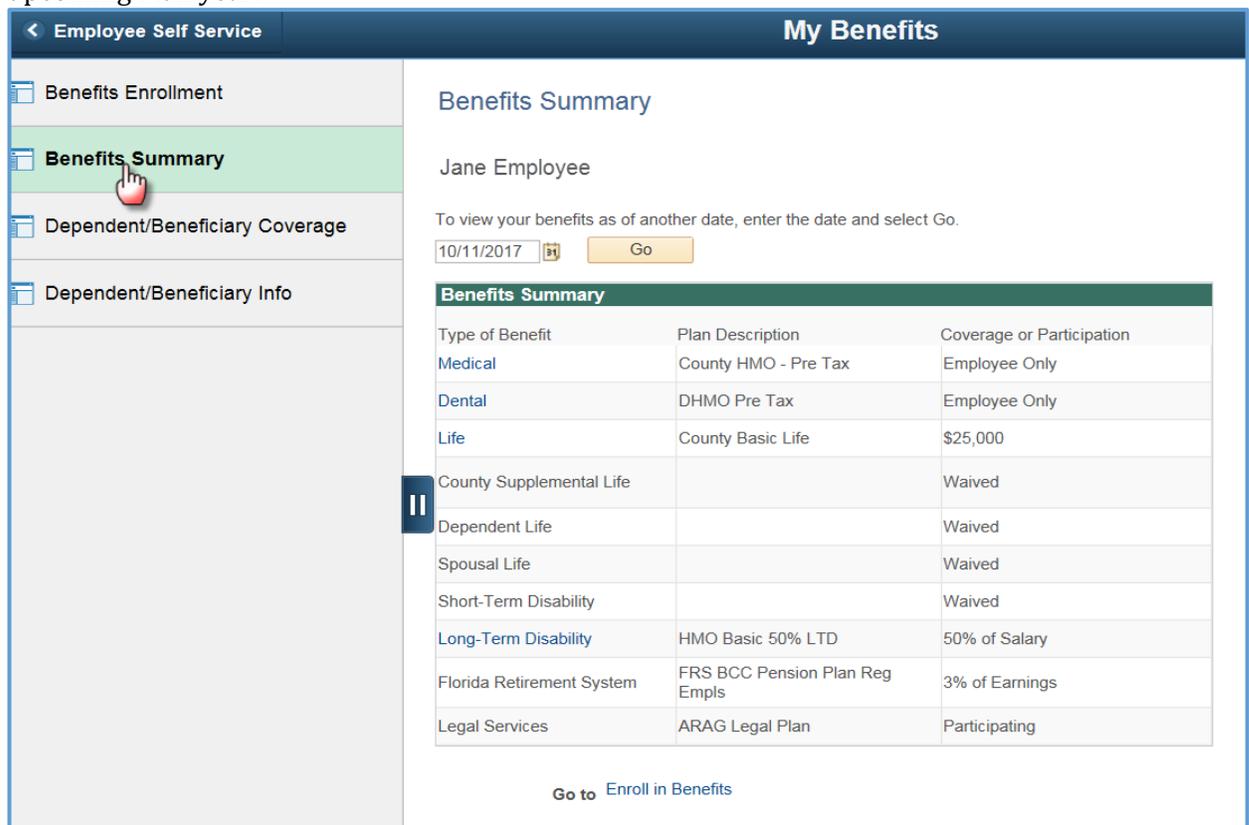
4. Click **OK**.



5. Click on the **Sign out** link.



After your Group Insurance office has finalized the Open Enrollment event in MyBenefits, which takes several days after MyBenefits is no longer available to you for Open Enrollment entry, you can advance the date to 01/01/2019 and click “Go” to review your finalized choices for the upcoming Plan year.



IMPORTANT REMINDERS

Remember you must finalize and submit your elections by November 13, 2017. If you have already submitted your election and wish to make a change, contact your group insurance office at 561-233-5400 or Palm Tran at 561-841-4337.

Forward your proof of other coverage to your Group Insurance office by Nov 13, if you participate in the Opt-Out program.

Submit the required dependent verification documentation to your Group Insurance office for newly added dependents, no later than Nov 13.

Closely review the open enrollment confirmation statement that will be mailed to your address on record in late November and notify your Group Insurance office of any errors immediately. Corrections can only be processed through December 22, 2017.

Additionally, review the paycheck dated January 12, 2018 and notify your Group Insurance office of any discrepancies immediately.

If you have questions or need assistance with your group insurance options, contact your Group Insurance office at:

Tel: 561-233-5400

Fax: 561-242-7184

Email: BCCMyBenefits@pbcgov.org

Palm Tran Tel: 561-841-4337

Fax: 561-841-4283

Email: BCCMyBenefits@pbcgov.org