## CONTENTS

- Accessing Employee Benefits ................................................................. 2
- Benefits Enrollment .................................................................................. 3
- Enrollment Summary ................................................................................ 4
- Benefit Plans .......................................................................................... 4
- Enrolling a Dependent ............................................................................ 5
  - Add a New Dependent ........................................................................ 5
- Medical .................................................................................................. 7
- Dental ..................................................................................................... 9
- Life and County Supplemental Life ......................................................... 10
- Dependent Life ....................................................................................... 11
- Spousal Life ............................................................................................ 12
- Short-Term Disability ............................................................................ 14
- Long-Term Disability ............................................................................ 15
- Flex Spending Health – U.S. ................................................................. 16
- Flex Spending Dependent Care ............................................................ 18
- Legal Services ......................................................................................... 20
- Review your Enrollment ....................................................................... 20
- Submitting Enrollment ......................................................................... 21
- Important Reminders ............................................................................ 22
ACCESSING EMPLOYEE BENEFITS

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

The Employee Self Service main page will display:

3. Click on Open Enrollment tile. It displays a countdown and deadline to complete your benefit selection.
Welcome to the new **BCC Employee Benefits Enrollment** page. Click **Next** to get started.

Let’s navigate the new layout of your **Employee Benefits Enrollment** page.

You must successfully complete each session in order to have your selections properly updated in the system.
ENROLLMENT SUMMARY

This section allows employees to view the total deductions on their paycheck as they update their benefits. Once all selections have been made, employees can Review Enrollment and Submit Enrollment in order to successfully finalize their benefits elections.

Task: Benefits Enrollment

The Enrollment Overview displays which benefit options are open for editing. All of your benefit changes will be effective January 1, 2021.

Benefit Plans

Below are all the benefits currently available for employee selection. Employees can customize the screen layout to their preference:

Benefit Status Legend:

- **Pending Review:** needs to be revised
- **Visited:** tile has been accessed, reviewed
- **Changed:** updated benefit selection
- **Error:** needs update related to another selection
ENROLLING A DEPENDENT

1. Click on Add/Update Dependent (if necessary).

   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.

<table>
<thead>
<tr>
<th>Dependents</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>CECelia MARIE HALPERT</td>
<td>Child</td>
</tr>
<tr>
<td>PHILLIP HALPERT</td>
<td>Child</td>
</tr>
<tr>
<td>JIM HALPERT</td>
<td>Spouse</td>
</tr>
</tbody>
</table>

   Add/Update Dependent

   Previously enrolled dependents will appear.

ADD A NEW DEPENDENT

2. Click on the Add Individual button.

   Add Individual Dependent/Beneficiary Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Beneficiary</th>
<th>Dependent</th>
</tr>
</thead>
<tbody>
<tr>
<td>CECelia MARIE HALpert</td>
<td>Child</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>PHILLIP HALPERT</td>
<td>Child</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>JIM HALPERT</td>
<td>Spouse</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

3. Enter the following required fields for your new dependent:
   a. Click on the Add Name button.
   b. Enter First Name and Last Name. *Required
   c. Click Done.

   Add Individual Dependent/Beneficiary Information

   Select Save after you have edited your Dependent/Beneficiary's information. The changes will go into effect on Jan 1, 2021.
d. Enter the following required fields:

![Add Individual Dependent/Beneficiary Information](image)

- **Name**
- **Personal Information**
  - **Date of Birth**
  - **Gender**
  - **Relationship to Employee**
  - **Marital Status**
    - Single
    - As of
  - **Student**
    - No
    - As of
  - **Disabled**
    - No
    - As of
  - **Smoker**
    - Non Smoker
    - As of
  - Social Security Number:
    - Only required for enrolling dependents for medical insurance (life insurance, dental, etc., are not required)

- **Address**
  - **Address**
    - 12346 SCRANTON ST, WEST PALM BEACH, FL 33401
    - **Address Type**: Home
    - **Same as mine**

- **National ID**
  - **No data exists**
    - Add National ID

- **Phone**
  - **No data exists**
    - Add Phone

- **Email**
  - **No data exists**
    - Add Email

e. Click **Save**.

4. Verify the new dependent has been successfully added. You may add additional dependents by repeating the process. When done and click on the X to return to the selection page.
MEDICAL

1. Select the Medical Tile or Medical Line.

The County offers three medical plans. The HMO and OAPIN plans are in-network only plans and a POS plan. Only the POS plan includes out-of-network benefits. Or, you may waive medical coverage. If you waive medical coverage, you cannot enroll in the medical plan, until the next applicable open enrollment period, or within 31 days of a qualified family status change.

The County offers a benefit incentive for qualified employees who decline medical insurance, or “opt-out” of the Group’s medical plan, because they are otherwise covered under another qualified medical plan. This program does not automatically continue from year to year. Forward your proof of other coverage to your group insurance coverage at this time to ensure you are eligible for the credit in the upcoming plan year. Opt-out benefit credit - does not apply to an employee who is enrolled in a plan to which BCC contributes (including medical plans of BCC, Palm Tran, Supervisor of Elections, PBC Fire Rescue Benefit Fund).

Note: If you are enrolling dependents in the health plan, you must provide each dependent’s social security number, in addition to acceptable and timely dependent verification documents, to your group insurance office.

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

2. Select a Dependent.

3. If you need to make changes to a selection, click the Select button for one of the plans listed.
If you change your medical benefit selection, you may receive a warning that you must change your Long Term Disability. Click Yes to proceed.

4. Click Done to complete and return to the Benefit Plans.

If you changed your enrolment plan, the Status will be updated accordingly:

The County offers three medical plans. The HMO and CAPIN plans are in-network only plans and a POS plan. Only the POS plan includes out-of-network benefits. Or, you may waive medical coverage. If you waive medical coverage, you cannot enroll in the medical plan, until the next applicable open enrollment period, or within 31 days of a qualified family status change.
1. Select the **Dental Tile** or **Dental Line**.

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

3. Select a **Dependent**.

   **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.

<table>
<thead>
<tr>
<th>Dependents</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>CECELIA MARIE HALPERT</td>
<td>Child</td>
</tr>
<tr>
<td>PHILLIP HALPERT</td>
<td>Child</td>
</tr>
<tr>
<td>JIM HALPERT</td>
<td>Spouse</td>
</tr>
<tr>
<td>New Dependent</td>
<td>Child</td>
</tr>
</tbody>
</table>

5. It is highly recommended that prior to having dental work started, you request a pre-treatment plan or estimate through your dental office and Solstice for all treatment over $300. Should you have any questions regarding your treatment plan, you can always refer to your Schedule of Benefits or call Solstice to ensure that you receive the maximum benefit from your dental plan.

   Anyone who is eligible for coverage as an employee **CANNOT** be covered as a dependent.
3. Click **Done** to complete and return to the Benefit Plans.

If you changed your enrolment plan, the Status will be updated accordingly:

![Dental Plan Status Change](image)

**LIFE AND COUNTY SUPPLEMENTAL LIFE**

**IMPORTANT:** Life insurance beneficiary are managed by the carrier, Securian Financial. If you have not declared your beneficiaries with Securian Financial, please do so at this time by accessing the Securian webpage at LifeBenefits.com. Contact Securian at 877-494-1754 for any questions.

If you do not declare your beneficiaries for your group term life insurance directly with Securian Financial, any prior beneficiary designations you made are not valid after November 12, 2019 and benefits will be paid according to the group term life policy contract.

**WARNING:** Do not update your beneficiaries for your term life coverage in the section below. Securian Financial, the life insurance carrier, is the system of record for term life beneficiary management and any entries you make in MyBenefits for beneficiary designation are null and void and not applicable.
1. Select the **Dependent Life Tile** or **Dependent Life Line**.

![Dependent Life Tile](image)

Dependent Life insurance allows you to purchase life insurance for your dependent child(ren) under the age of 26. You are the beneficiary of this life insurance. The amount elected cannot exceed 100% of your Basic and Supplemental Life Insurance combined. The premium remains the same, regardless of the number of children covered.

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

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

   ![Enroll in Your Plan](image)

3. **Select a Dependent.**

   ![Enroll Your Dependents](image)

   The following list displays all individuals who are eligible to be your dependents. Select the dependents you want to be covered for the insurance.

4. Click **Done**.
1. Select the **Spousal Life Tile** or **Spousal Life Line**.

   ![Spousal Life](image)

Spouse life insurance allows you to purchase life insurance for your spouse. You are the beneficiary of this life insurance.

The amount elected cannot exceed 100% of your basic and supplemental insurance combined. You can elect or increase spouse/domestic partner coverage by $5,000 without EOI as long as the resulting coverage does not exceed $25,000 and as long as your spouse/domestic partner has not been previously declined.

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

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

Newly elected coverage for your spouse/domestic partner is subject to receipt of acceptable and timely dependent verification documents by your Group Insurance Office.

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Proof of Coverage</th>
<th>Before Tax Cost</th>
<th>After Tax Cost</th>
<th>Before Tax Credit</th>
<th>After Tax Credit</th>
<th>Employer Cost</th>
<th>Pay Period Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Select</strong> County Spousal Life &amp; AD&amp;D 5K ($5,000)</td>
<td></td>
<td>$0.94</td>
<td></td>
<td></td>
<td></td>
<td>$0.94</td>
<td></td>
</tr>
<tr>
<td><strong>Select</strong> County Spousal Life &amp; AD&amp;D 10K ($10,000)</td>
<td></td>
<td>$1.98</td>
<td></td>
<td></td>
<td></td>
<td>$1.98</td>
<td></td>
</tr>
<tr>
<td><strong>Select</strong> County Spousal Life &amp; AD&amp;D 15K ($15,000)</td>
<td></td>
<td>$2.92</td>
<td></td>
<td></td>
<td></td>
<td>$2.92</td>
<td></td>
</tr>
<tr>
<td><strong>Select</strong> County Spousal Life &amp; AD&amp;D 20K ($20,000)</td>
<td></td>
<td>$3.96</td>
<td></td>
<td></td>
<td></td>
<td>$3.96</td>
<td></td>
</tr>
<tr>
<td><strong>Select</strong> County Spousal Life &amp; AD&amp;D 25K ($25,000)</td>
<td></td>
<td>$4.94</td>
<td></td>
<td></td>
<td></td>
<td>$4.94</td>
<td>$4.94</td>
</tr>
<tr>
<td><strong>Select</strong> County Spousal Life &amp; AD&amp;D 30K ($30,000)</td>
<td>Proof Required</td>
<td>$5.94</td>
<td></td>
<td></td>
<td></td>
<td>$5.94</td>
<td></td>
</tr>
<tr>
<td><strong>Select</strong> County Spousal Life &amp; AD&amp;D 25K ($35,000)</td>
<td>Proof Required</td>
<td>$5.98</td>
<td></td>
<td></td>
<td></td>
<td>$5.98</td>
<td></td>
</tr>
<tr>
<td><strong>Select</strong> County Spousal Life &amp; AD&amp;D 40K ($40,000)</td>
<td>Proof Required</td>
<td>$6.72</td>
<td></td>
<td></td>
<td></td>
<td>$6.72</td>
<td></td>
</tr>
<tr>
<td><strong>Select</strong> County Spousal Life &amp; AD&amp;D 45K ($46,000)</td>
<td>Proof Required</td>
<td>$7.56</td>
<td></td>
<td></td>
<td></td>
<td>$7.56</td>
<td></td>
</tr>
<tr>
<td><strong>Select</strong> County Spousal Life &amp; AD&amp;D 50K ($50,000)</td>
<td>Proof Required</td>
<td>$8.40</td>
<td></td>
<td></td>
<td></td>
<td>$8.40</td>
<td></td>
</tr>
<tr>
<td><strong>Select</strong> Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
3. **Select a Dependent.**

**Enroll Your Dependents**

The following list displays all individuals who are eligible to be your dependents. Select the dependents you want to be covered for the insurance.

<table>
<thead>
<tr>
<th>Dependents</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>CECELIA MARIE HALPERT</td>
<td>Child</td>
</tr>
<tr>
<td>PHILLIP HALPERT</td>
<td>Child</td>
</tr>
<tr>
<td>JIM HALPERT</td>
<td>Spouse</td>
</tr>
<tr>
<td>New Dependent</td>
<td>Child</td>
</tr>
</tbody>
</table>

4. **Click Done.**

<table>
<thead>
<tr>
<th>Cancel</th>
<th>Spousal Life</th>
<th>Done</th>
</tr>
</thead>
</table>
SHORT-TERM DISABILITY

1. Select the **Short-Term Disability Tile** or **Short-Term Disability Line**.

   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).

   Typically, 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 or approved by the carrier before the coverage can take effect. However, for Plan Year 2021 only, Cigna disability is allowing employees a ONE-TIME opportunity to elect short term disability without requiring EOI (without having to answer health questions). If you currently do not participate in the STD program and wish to enroll, Cigna disability will accept your application without any medical underwriting requirement. This applies even if you have been previously declined. This offer is available for this open enrollment period and for Plan Year 2021.

   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.

2. If you need to make changes to a selection, click the **Select** button for one of the plans listed.

   **Enroll in Your Plan**

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Before Tax Cost</th>
<th>After Tax Cost</th>
<th>Before Tax Credit</th>
<th>After Tax Credit</th>
<th>Employer Cost</th>
<th>Pay Period Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Short Term Disability</td>
<td>$15.75</td>
<td>$15.75</td>
<td></td>
<td></td>
<td></td>
<td>$15.75</td>
</tr>
<tr>
<td>Select</td>
<td>Waive</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$0.00</td>
</tr>
</tbody>
</table>

3. Click **Done**.
LONG-TERM DISABILITY

1. Select the Long-Term Disability Tile or Long-Term Disability Line.

Long-Term Disability (LTD) offers income replacement to provide financial protection for you and your family if you can't work over an extended period of time due to injury or illness.

If you are enrolled in the HMO plan or OAPIN medical plan, the County provides a basic LTD plan to you, at no cost. If you are enrolled in the medical HMO plan or OAPIN plan and want to increase your monthly LTD benefit amount, you can elect the upgraded LTD and pay the applicable premium.

If you have enrolled in the POS medical plan or have declined medical coverage through the County, the only LTD benefit you are eligible for is the voluntary LTD benefit. The premium for voluntary LTD is paid fully by the employee.

Typically, if you are newly electing long term disability, or you are electing to increase/upgrade your long term disability benefit, you will be required to successfully complete the Evidence of Insurability (EOI) process and your request must be approved by the carrier, before coverage can take effect.

However, for Plan Year 2021 only, Cigna disability is allowing employees a ONE-TIME opportunity to newly elect long term disability, or increase your long term disability from basic LTD without requiring EOI (without having to answer health questions). If you currently do not participate in the LTD program and wish to enroll, or wish to upgrade from the basic LTD program, Cigna disability will accept your application without any medical underwriting requirement. This applies even if you have been previously declined. This offer is available for this open enrollment period and for Plan Year 2022.

Sick leave and Workers’ Compensation offset (reduce) this benefit.

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.

2. If you need to make changes to a selection, click the Select button for one of the plans listed.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Before Tax Cost</th>
<th>After Tax Cost</th>
<th>Before Tax Credit</th>
<th>After Tax Credit</th>
<th>Employer Cost</th>
<th>Pay Period Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select HMO Basic 50% LTD</td>
<td></td>
<td>$0.00</td>
<td></td>
<td></td>
<td>$55.20</td>
<td></td>
</tr>
<tr>
<td>Requires enrollment to Medical County HMO - Pre Tax</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select HMO Upgraded 60% LTD</td>
<td>$11.57</td>
<td>$2.30</td>
<td></td>
<td></td>
<td>$55.20</td>
<td>$9.27</td>
</tr>
<tr>
<td>Requires enrollment to Medical County HMO - Pre Tax</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select OAPIN Basic 50% LTD</td>
<td></td>
<td>$0.00</td>
<td></td>
<td></td>
<td>$55.20</td>
<td></td>
</tr>
<tr>
<td>Requires enrollment to Medical County OAPIN - Pre Tax</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select OAPIN Upgraded 60% LTD</td>
<td>$11.57</td>
<td>$2.30</td>
<td></td>
<td></td>
<td>$55.20</td>
<td>$9.27</td>
</tr>
<tr>
<td>Requires enrollment to Medical County OAPIN - Pre Tax</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Select County Voluntary 60% LTD</td>
<td>$14.92</td>
<td>$0.00</td>
<td></td>
<td></td>
<td>$14.92</td>
<td></td>
</tr>
<tr>
<td>Select Waive</td>
<td></td>
<td>$0.00</td>
<td></td>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

3. Click Done.
1. Select the **Flex Spending Health – U.S. Tile** or **Flex Spending Health – U.S Line**.

The Health Care Flexible Spending Account (FSA) allows you to set aside and use pre-tax dollars, for out-of-pocket health care expenses for you and your eligible dependents. Your FLEX contribution reduces your taxable income and increase you take home pay. Whenever you have an eligible expense, once your coverage is effective, you can either pay for the expense with your FLEX debit card, or submit a claim to P&A Group for reimbursement. The health care FSA typically covers medical, dental and vision expenses that are only partially covered or not covered at all by your insurance, including insurance deductibles, insurance co-payments and over-the-counter medications by prescription.

Plan carefully, because if you don’t spend all the money you have set aside for a particular plan year, you lose the money (“Use it or lose it”). Additionally, your election is committed for the remaining plan year and you may not increase/decrease your elected amount until the next applicable open enrollment period, or within 30 calendar days of a qualified family status change.

The HEALTH FSA and the DEPENDENT CARE FSA are two separate accounts. The HEALTH FSA may not be used for daycare expenses and vice versa.

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.

2. Click the **Select** button for County FSA Health Care.

   **Enroll in Your Plan**

<table>
<thead>
<tr>
<th>Plan Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select County FSA Health Care</td>
</tr>
<tr>
<td>Select Waive</td>
</tr>
</tbody>
</table>

3. Click on **Flexible Spending Account Worksheet**.

   **Contribution Amount**

   Annual Pledge

   Your annual pledge must not exceed $2,750.00, which is the maximum amount allowed for this account in the current plan year. It must also not be less than $250.00, which is how much you have already contributed to the plan this year.

   Annual pledge amount for all Flexible Spending Accounts must not exceed $7,750.00.

   Select the Flexible Spending Account Worksheet to help calculate your annual pledge for this plan year.
4. There are two options to calculate your annual pledge:
   a. **Estimate from Annual Pledge**: allows user to enter the amount Per-Pay-Period you would like to contribute. Click on **Calculate** to see the Annual Pledge amount and click **Done**.

   ![Flexible Spending Account Worksheet]

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

   ![Flexible Spending Account Worksheet]

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

   b. **Estimate from Per-Pay-Period Contributions**: allows user to determine the desired Annual Pledge amount. Click on **Calculate** to see the Estimate Per-Pay-Period Contribution amount and click **Done**.

   ![Flexible Spending Account Worksheet]

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

   ![Flexible Spending Account Worksheet]

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

4. Click **Done**.
FLEX SPENDING DEPENDENT CARE

The Flexible Spending Dependent Care covers money you pay to daycare centers, babysitters, after school programs, day camp programs and eldercare facilities. **Important, this account does NOT reimburse medical expenses for your dependents. It is for qualified daycare expenses only.**

1. Select the **Flex Spending Dependent Care Tile** or **Flex Spending Dependent Care Line**.

   ! The DEPENDENT CARE FSA is NOT for the out of pocket medical expenses of your dependents. It is for child care or other care giver expenses that allow you and your spouse to work.

   Plan carefully, because if you don’t spend all the money you have set aside for a particular plan year, you lose the money (“Use it or lose it”). Additionally, your election is committed for the remaining plan year and you may not increase/decrease your elected amount until the next applicable open enrollment period, or within 30 calendar days of a qualified family status change.

   A "qualifying child" (including a stepchild, foster child, child placed for adoption or younger brother/sister) for dependent care FSA eligible expenses is typically a child under age 13 who has the same principal residence as you for more than one half the year and does not provide more than one-half of his or her own support during the calendar year. For questions about your dependent’s eligibility for this account, please contact P&A at 800-988-2611.

   The HEALTH FSA and the DEPENDENT CARE FSA are two separate accounts. The HEALTH FSA may not be used for daycare expenses and vice versa.

2. **Click the Select button** for County FSA Health Care.

**Enroll in Your Plan**

<table>
<thead>
<tr>
<th>Plan Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>County FSA Dependent Care</td>
</tr>
<tr>
<td>Waive</td>
</tr>
</tbody>
</table>
3. Click on **Flexible Spending Account Worksheet**.

   **Contribution Amount**

   ![Flexible Spending Account Worksheet](image)

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

4. There are two options to calculate your annual pledge:
   a. **Estimate from Annual Pledge**: allows user to enter the amount Per-Pay-Period you would like to contribute. Click on **Calculate** to see the Annual Pledge amount and click **Done**.

   ![Flexible Spending Account Worksheet](image)

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

   b. **Estimate from Per-Pay-Period Contributions**: allows user to determine the desired Annual Pledge amount. Click on **Calculate** to see the Estimate Per-Pay-Period Contribution amount and click **Done**.

   ![Flexible Spending Account Worksheet](image)

5. Click **Done**.

   **Flex Spending Dependent Care**
LEGAL SERVICES

1. Click on the Legal Services Tile or Legal Services Line.

2. Click the Select button for Pre-Paid Legal Plan.

   ![Pre-Paid Legal Plan Table]

   The Pre-Paid Legal Plan will reduce the costs of covered legal services for you, and your family, when you use an in-network attorney.

3. Click Done.

   ![Legal Services Selection]

REVIEW YOUR ENROLLMENT

It’s important to review the benefit deductions and selections:

1. Click on Review Selections button.

   ![Enrollment Summary]

Task: Benefits Enrollment

The Enrollment Overview displays which benefit options are open for edits. All of your benefit changes will be effective the date of the open enrollment event.
2. Click on **Expand All** to review your selections.
3. Click the X to exit and return to the Benefit Enrollment page.

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**SUBMITTING ENROLLMENT**

Your selections and updates are not finalized until you submit your benefits elections. Once you have selected and reviewed all of your benefits options, click on the **Submit Enrollment** button. All of your benefit changes will be effective January 1, 2021, unless subject to successful completion of Evidence of Insurability, which requires approval by the respective carrier.

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A prompt will appear confirming the benefit choices have been successfully submitted. Click **Done**.
Click **Next** to continue to the **Acknowledgment Task**.

Carefully read the important text concerning your benefits choices.

Check the box for **I Agree** and click **Save**.

**Task: Acknowledgement**

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.

The Task will be updated with the Acknowledgment date and Time and Employee Name.

**Acknowledged By**

<table>
<thead>
<tr>
<th>User ID</th>
<th>Name</th>
<th>Date/Time Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBEESLY</td>
<td>PAMELA BEESLY</td>
<td>10/23/2020 11:03:17AM</td>
</tr>
</tbody>
</table>

Click **Next** to go to the **Enrollment Step Summary Task**.
Read the instructions carefully and click the **Complete** button to successfully complete this task.

A prompt will appear, click **Yes** to mark this action as completed.
IMPORTANT REMINDERS

Remember you must finalize and submit your elections by November 9, 2020. If you have already submitted your elections and wish to make a change, contact your group insurance office at 561-233-5400 or Palm Tran at 561-841-4337.

Submit the required dependent verification documentation to your Group Insurance office for newly added dependents, no later than Nov 9.

Forward your proof of other coverage to your Group Insurance office by Nov 9, if you participate in the Opt-Out program.

Closely review the open enrollment confirmation statement that will be mailed to your address on record in early December and notify your Group Insurance office of any errors immediately and in no event later than December 18, 2020.

Additionally, review the paycheck dated January 8, 2021 for your Opt-Out credit, if applicable, and notify your Group Insurance office of any discrepancies immediately.

Any errors or discrepancies that were included in your open enrollment confirmation statement and were not reported to your group insurance office by 12/18/2020 cannot be corrected after this date.

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: 561-841-4237
Email: mstfleur@pbcgov.org