



Corporate Benefits Department

Implementation Date 12/01/2023

Title: Benefits Enrollment for New Hires/Transfers - INFOR

Pages: 1 of 25

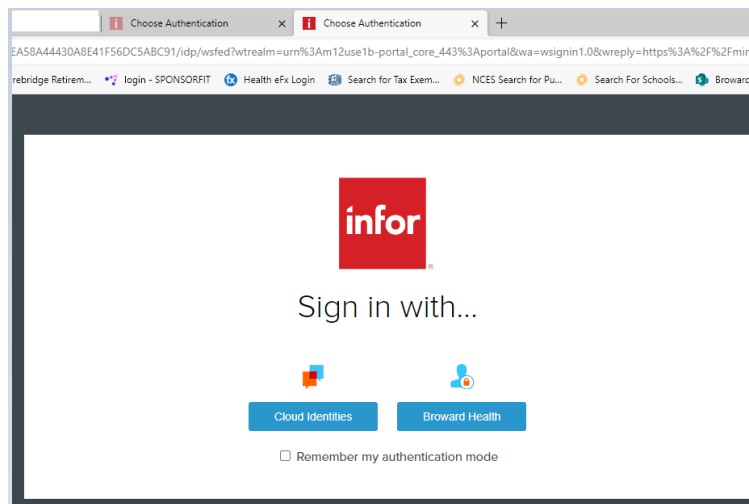
## Standard Operating Procedure


### 1. Purpose

To outline the steps for benefits enrollment for **new hires**, **rehires**, and **new transfers** to eligible status.

### 2. Procedure

Visit [Infor Global HR \(inforcloudsuite.com\)](https://inforcloudsuite.com). You will be directed to sign in with your **Broward Health sign on name and password**. Click on **Broward Health**.

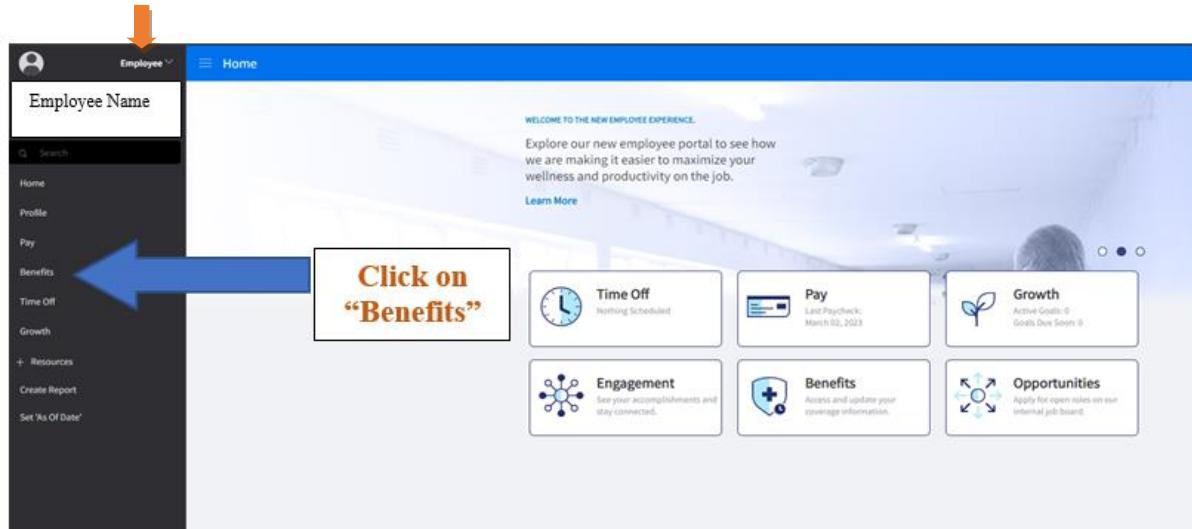


*For first time logins only*, you will need to click on the  **symbol** on the top, left-hand corner of your screen, and then on the **INFOR Global HR** icon to access your enrollment screen.

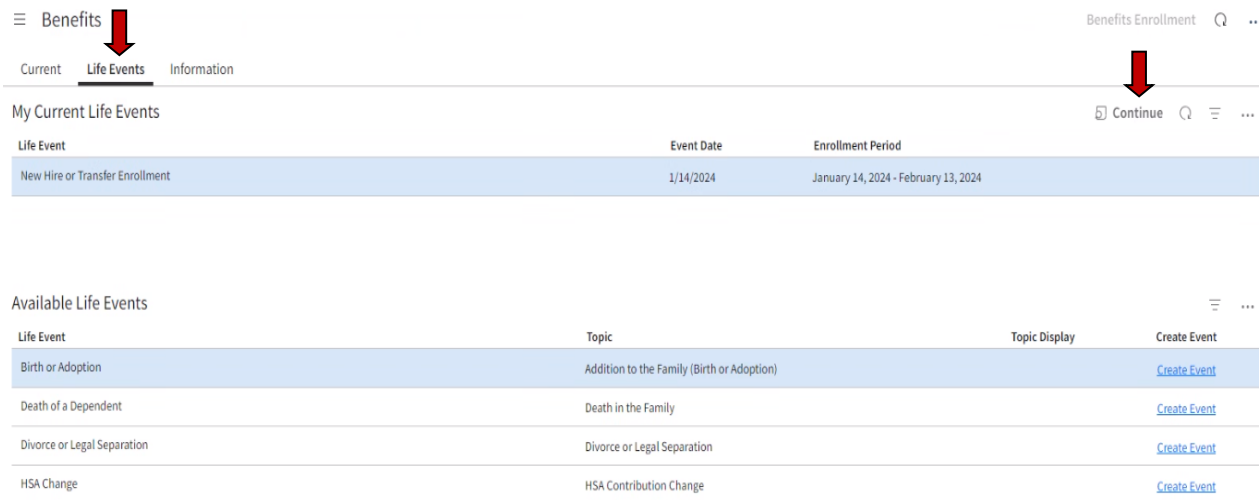


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On your "Employee" page, click on **BENEFITS** located on the left-hand side of the black screen.



To begin the enrollment process, click on **Life Events > My Current Life Events >** and then on **Continue**.





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**\*\*\*Please Note Regarding Enrollment of Dependents\*\*\***

Proper documentation must be provided and uploaded for any dependents enrolled in the plans. Below are the required documents:

- Spouse: Legal Marriage Certificate and Social Security card
- Child(ren): Birth Certificate and Social Security card

**Please note that your benefits elections cannot be finalized until all dependent documentation is provided. All documents must be scanned as one file (multiple files not allowed).** Should you not be able to provide required documentation for a dependent, you will need to remove that dependent from your plans.

**As a general rule, eligible dependents include your:**

- Legal Spouse (Note: **Domestic partners are not eligible dependents**)
- Children up to age 26 (up to the end of the year the dependent child turns 26)
- Dependents of current dependents (up to 18 months of age)
- Disabled child dependents *of any age* with supporting medical certification.

For questions regarding dependent enrollment, contact the Broward Health Corporate Benefits Department at 954.473.7371 or 954.473.7234.

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To proceed with your benefits enrollment, under “**Life Event Details**”, click on “**Next**” on the right-hand side of screen.





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If you are adding a dependent, click **"Add"**. **A dependent cannot be over the age of 26.**



☰ New Hire or Transfer Enrollment ...

○ Life event details Please Add, Update or Remove your Dependents Previous Next

**Please Add, Update or Remove your Dependents** □ Add ...

○ Please Add, Update or Remove your Beneficiaries

○ Enrollment

 No Data Available 

Please ensure to **Add** all dependent information to **all required fields marked with a (\*)**, click **"Submit"** and then click on **"NEXT"** on the top right-hand corner *to proceed to the next part of this process.*

**Add Dependent**

**Name**

\* First Name \* Middle Name \* Last Name \*

Additional Naming Options

Relationship \* Gender \*

Birthdate \*

**Social Security Number**

Country Social Security Number \*

us

**Telephone Numbers**

Home Phone

Cancel Submit



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On this page, you will be asked to add your **BENEFICIARIES**. You can add your current dependent(s) as beneficiaries OR you can add a different/non-dependent individual as a beneficiary.

If **ADDING** a new **Beneficiary**, click **"Add"** and enter all information in the fields noted below. Click **"Submit"** and **"NEXT"** when complete. **\*\*NOTE\*\* When adding a beneficiary, the RELATIONSHIP, BIRTHDAY, and GENDER must be entered before you click "Submit"**. Failure to do this will result in errors as you proceed with your enrollment.

New Hire or Transfer Enrollment

Life event details

Please Add, Update or Remove your Dependents

Previous Next

Please Add, Update or Remove your Dependents

Please Add, Update or Remove your Beneficiaries

Enrollment

Enrollment



No Data Available

Add ...

### Add Beneficiary

Add a Will or Trust as Beneficiary

#### Name

First Name

Middle Name

Last Name

Additional Naming Options

#### Personal Information

Relationship

Birthdate

Gender

#### Identification Number

New Identification Number

Country

US

Cancel

Submit

If **REMOVING** any of your current dependents as beneficiaries, **right-click** on the middle/blank space of your dependent's name and click **"Remove"**. You will see a confirmation window pop out to confirm each of your requests. Click **"OK"** and **"NEXT"** to proceed to the next part of this process.

John Doe Other January 5, 1958	<ul style="list-style-type: none"><li>Add</li><li>Remove</li><li>Options</li><li>Drill Around</li></ul>	Open
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10

### Confirmation Required

Are you sure you want to remove?

Cancel


Ok



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On this page, please click **“Change”** to select the correct **SMOKER STATUS** for yourself and *your spouse* (if applicable). Click **“Submit”** and **“NEXT”** to proceed to the next part of this process.

Please elect your smoker status and select your Benefits to Enroll Previous **Next**

Enrollment Worksheet 

[View Worksheet](#)

Change Smoker Status  
Current status indicates that you are not a smoker and your spouse / domestic partner is not a smoker

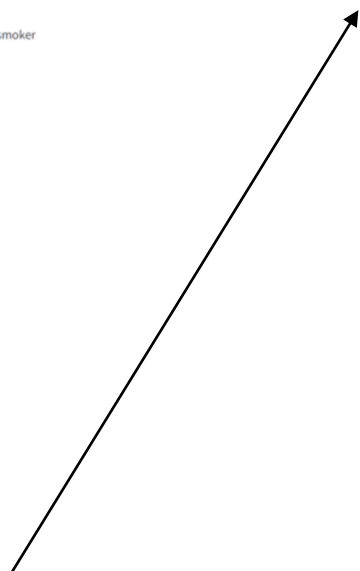
[Change](#)

**Change Smoker Status**

Check if you are a smoker

Check if they are a smoker

[Cancel](#) | [Submit](#)





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To view a list of all eligible plans and their costs, click “View Worksheet”.

### Enrollment Worksheet

[View Worksheet](#)

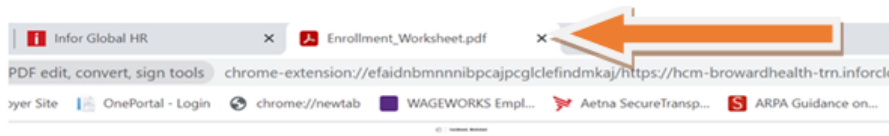
#### Enrollment Worksheet For

Enrollment Date:

Instructions

Medical Ins		
Plan	Options	Pre Tax
<input type="checkbox"/> Aetna Best Choice EPO	Employee Only	57.76
<input type="checkbox"/> Aetna Best Choice EPO	Employee + Spouse	139.83
<input type="checkbox"/> Aetna Best Choice EPO	Employee + Child(ren)	96.46
<input type="checkbox"/> Aetna Best Choice EPO	Family (Employee + Spouse & Children)	201.60
<input type="checkbox"/> Aetna Select EPO	Employee Only	87.59
<input type="checkbox"/> Aetna Select EPO	Employee + Spouse	204.87
<input type="checkbox"/> Aetna Select EPO	Employee + Child(ren)	143.36
<input type="checkbox"/> Aetna Select EPO	Family (Employee + Spouse & Children)	291.93
<input type="checkbox"/> Aetna Choice HDHP	Employee Only	8.90
<input type="checkbox"/> Aetna Choice HDHP	Employee + Spouse	39.23
<input type="checkbox"/> Aetna Choice HDHP	Employee + Child(ren)	22.08
<input type="checkbox"/> Aetna Choice HDHP	Family (Employee + Spouse & Children)	65.14
<input type="checkbox"/> Medical Waive		0.00
<input type="checkbox"/> HSA Waive		0.00

Click “X” on the “Enrollment\_Worksheet.pdf” tab to exit out of this section and return to the prior page.



#### Enrollment Worksheet For

Enrollment Date: April 1, 2023

Instructions

Medical Ins		
Plan	Options	Pre Tax

When complete, click “Next” to proceed to the next part of this process.



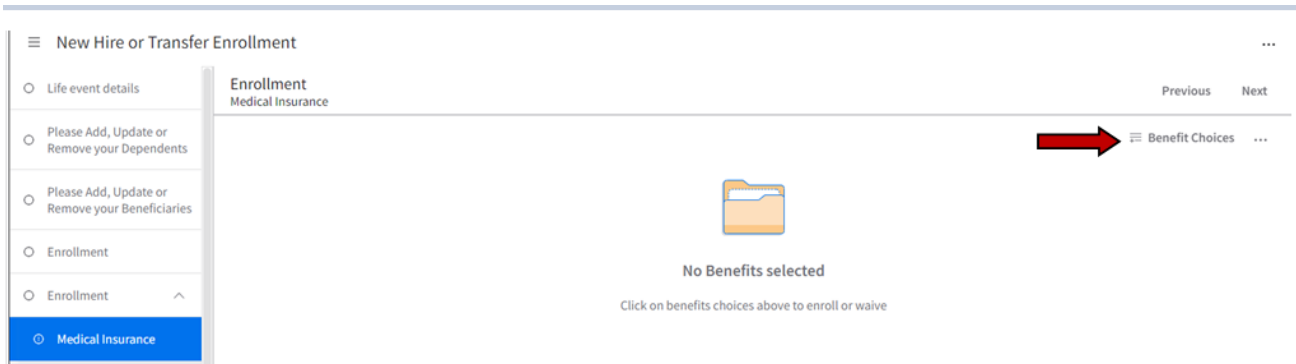
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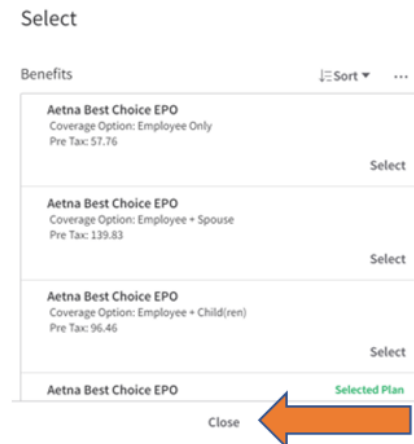
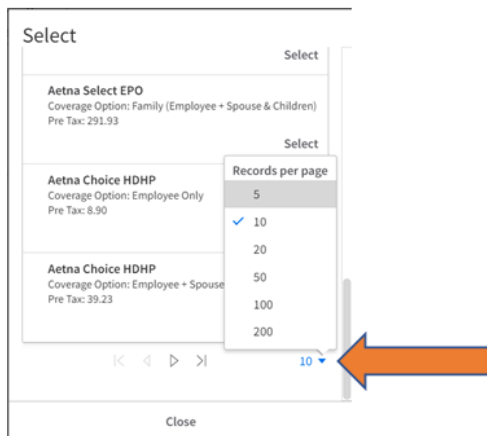
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On this page, you will begin enrollment of benefits. Click on **“Benefit Choices”** and begin with the election of your new medical plan and coverage type.



Should you not see a full list of medical plans, click the bottom right-hand corner of this box to **EXPAND** your list of choices and click on the plan desired – **note below**. Click **“Close”** to return back to the next part of the enrollment process.







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If you have dependents, click on "Enroll Dependents" and proceed with selection of dependents to be added to your plan.

Enrollment

Medical Ins

Previous Next

Benefit Choices ...

Aetna Best Choice EPO  
Coverage Option: Family (Employee + Spouse & Children)  
Pre Tax: 201.60

Selected Plan  
Not all eligible dependents are enrolled

Enroll Dependents Withdraw View Details



10

Once you have selected the dependents to be added to your plan, click "Save and Return to Enrollment" to return back to the enrollment process.

Save And Return To Enrollment ...

Aetna Best Choice EPO  
Option  
Family (Employee + Spouse & Children)  
Benefit Start Date

Click on the first column in the following list to enroll the dependent(s) you would like to include in this plan

Enroll Dependents Additional Information

Select	Name	Relationship	Birthdate
<input checked="" type="checkbox"/>		Husband	
<input checked="" type="checkbox"/>		Daughter	
<input checked="" type="checkbox"/>		Custodial Granddaughter	



20

Your selected plan will be noted in GREEN.

Enrollment  
Medical Ins

Previous Next

Benefit Choices ...

Aetna Choice HDHP  
Coverage Option: Family (Employee + Spouse & Children)  
Pre Tax: 65.14

Selected Plan  
All eligible dependents are enrolled

Withdraw View Details



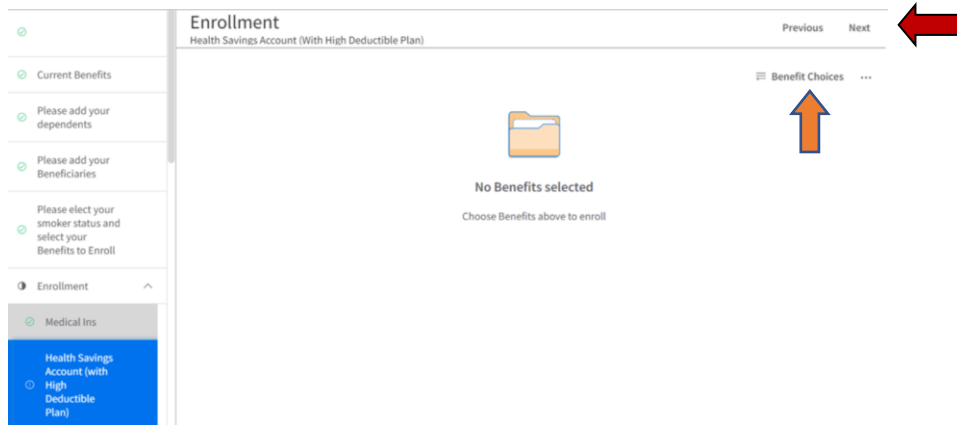
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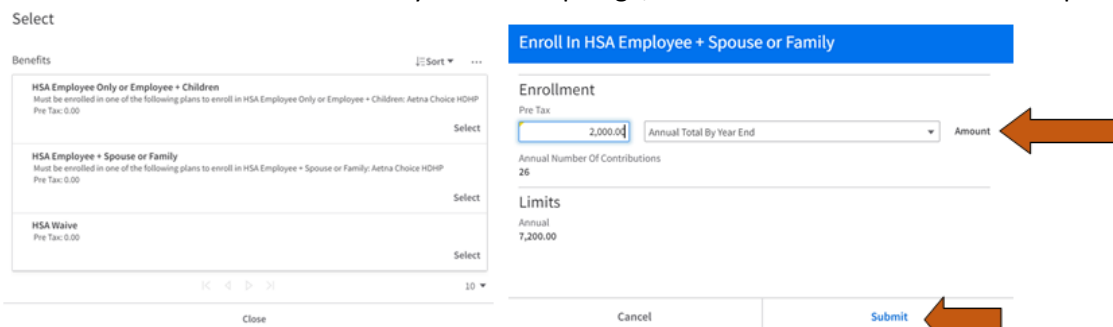
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If you enroll in the **High Deductible Health Plan**, you will be eligible to enroll for biweekly contributions into a **Health Savings Account (H.S.A.)**.

Click on **Benefit Choices** and proceed with selection of the type of H.S.A. plan you will like to enroll in and click **Close**. This section is for election of **EMPLOYEE contributions** on your end. *If you prefer not to contribute at this time, click **H.S.A. Waive**. You will still be eligible to receive any eligible "Employer" contributions from Broward Health. That contribution will be processed manually by the Corporate Benefits Department. No action will be required on your end for the Employer contributions.* Please review your Employee Benefits Guide for more details regarding this benefit.



After you elect the total ANNUAL amount you want to pledge, click on **Submit** to return to the prior page.



Click **Next** to proceed to the next part of the enrollment process.





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If you are enrolled in a **non-HDHP plan**, you will be eligible to enroll in **FLEXIBLE SPENDING benefits**. Click on **Benefit Choices** and proceed with selection of the type of F.S.A. plan you will like to enroll in. This section is only for election of **EMPLOYEE contributions** on your end. **There are no Employer Contributions with this benefit**. Click **Close** and **Next** to proceed to the next part of this process.

The screenshot displays the enrollment interface. On the left, a sidebar lists steps: 'Please add your dependents', 'Please add your Beneficiaries', 'Please elect your smoker status and select your Benefits to Enroll', and 'Enrollment'. Under 'Enrollment', 'Medical Ins' and 'Health Savings Account (with High Deductible Plan)' are marked as complete, while 'Dependent Care Flexible Spending Account' is the active step. The main 'Enrollment' screen shows 'Dependent Care Flexible Spending Account' with a 'Benefit Choices' button. Below it, 'FSA Waive Dependent' is listed as the 'Selected Plan' with 'Pre Tax: 0.00'. A 'Withdraw' button and 'View Details' link are also present. A 'Previous' and 'Next' button are at the top right. An orange arrow points from the 'Benefit Choices' button to the 'Select' screen. The 'Select' screen shows two options: 'FSA Dependent Care' and 'FSA Waive Dependent Selected Plan'. A 'Close' button is at the bottom, with an orange arrow pointing to it.



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On this page, you will begin enrollment of your **DENTAL benefits**.

Click “Benefit Choices” and elect your new DENTAL plan and coverage type. Click “Close” to elect your plan and return to previous page. Click on “Enroll Dependents” to select the dependents you want to add to your plan. Once you have selected the dependents to be added to your plan, click “Save and Return to Enrollment” to return back to the enrollment process.

Enrollment  
Dental Ins

Health Savings Account (with High Deductible Plan)  
Dependent Care Flexible Spending Account  
Health Care Flexible Spending Account  
**Dental Ins**

Reliance Dental PPO  
Coverage Option: Family (Employee + Spouse & Children)  
Pre Tax: 20.36

Benefit Choices ...

Selected Plan  
All eligible dependents are enrolled

Withdraw View Details

Select

Aetna Dental DMO  
Coverage Option: Employee + Child(ren)  
Pre Tax: 6.79

Aetna Dental DMO  
Coverage Option: Family (Employee + Spouse & Children)  
Pre Tax: 8.36

Reliance Dental PPO  
Coverage Option: Employee Only  
Pre Tax: 6.16

Reliance Dental PPO  
Coverage Option: Employee + Spouse

Enrollment  
Dental Ins

Benefit Choices ...

Aetna Dental DMO  
Coverage Option: Family (Employee + Spouse & Children)  
Pre Tax: 8.36

Selected Plan  
All eligible dependents are enrolled

Withdraw View Details

Previous Next



Title: Benefits Enrollment for New Hires/Transfers - INFOR

On this page, you will begin enrollment of your **VISION benefits**.

Click on “Benefit Choices” and elect your VISION plan and coverage type. Click “Close” to elect your plan and return to previous page. Click on “Enroll Dependents” to select the dependents you want to add to your plan. Once you have selected the dependents to be added to your plan, click “Save and Return to Enrollment” to return back to the enrollment process.

The screenshot shows the 'Enrollment' page for 'Vision Ins'. On the left is a sidebar with five benefit categories, each with a radio button: 'Health Savings Account (with High Deductible Plan)', 'Dependent Care Flexible Spending Account', 'Health Care Flexible Spending Account', 'Dental Ins', and 'Vision Ins' (which is selected and highlighted in blue). The main content area is titled 'Enrollment' and 'Vision Ins'. It features a 'Previous' and 'Next' navigation bar. Below this is a 'Benefit Choices' button with a menu icon and three dots, highlighted by an orange arrow. The selected plan is 'Aetna Vision' with 'Coverage Option: Family (Employee + Spouse & Children)' and 'Pre Tax: 2.66'. It is marked as a 'Selected Plan' with a green checkmark and the text 'All eligible dependents are enrolled'. There are 'Withdraw' and 'View Details' buttons below the plan information. Navigation arrows and a page number '10' are also visible.

The screenshot shows the 'Select' page for 'Benefits'. It has a 'Sort' dropdown and three dots. There are four rows of 'Aetna Vision' options, each with a 'Select' button. The first three options are 'Employee Only' (Pre Tax: 0.96), 'Employee + Spouse' (Pre Tax: 1.90), and 'Employee + Child(ren)' (Pre Tax: 1.73). The fourth option is 'Family (Employee + Spouse & Children)' (Pre Tax: 2.66), which is marked as the 'Selected Plan' with a green checkmark. A 'Close' button is located below the selected option, highlighted by an orange arrow.

This screenshot shows the 'Enrollment' page for 'Vision Ins' after returning from the 'Select' page. The 'Benefit Choices' button is highlighted with a blue box. The selected plan 'Aetna Vision' is visible below. An orange arrow points down from the 'Close' button in the previous screenshot to the 'Benefit Choices' button here. The 'Previous' and 'Next' navigation bar is at the top right.



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On this page, you will finalize the **designation of your beneficiaries** and the amounts/percentages to be granted to each in the event of your death. Click on each of the benefits noted below and **select your PRIMARY and CONTINGENT (secondary) beneficiary/ies and the amounts/percentages to be paid out.** Click "**Submit**" when done to proceed to the next benefit/selection.

**KEEP IN MIND-*VERY IMPORTANT*!!!: A "contingent" beneficiary(ies) is/are eligible for these benefits ONLY in the event of the death of the primary beneficiary(ies). Please be clear on how a beneficiary is designated.**

Benefit	Actions	Status
Basic GTL	Designate Beneficiaries, View Details	No beneficiaries have been selected
Basic AD&D	Designate Beneficiaries, Withdraw, View Details	No beneficiaries have been selected
Supplemental Life EE	Update, Designate Beneficiaries, Withdraw, View Details	No beneficiaries have been selected
Pension Plan Employer	Designate Beneficiaries, Withdraw, View Details	No beneficiaries have been selected

Create Beneficiary

Primary Or Contingent \*

Percent Or Amount \*

Percent

Benefit	Actions	Status
Basic GTL	Designate Beneficiaries, View Details	Selected Plan
Basic AD&D	Designate Beneficiaries, Withdraw, View Details	Selected Plan
Supplemental Life EE	Update, Designate Beneficiaries, Withdraw, View Details	Selected Plan
Pension Plan Employer	Designate Beneficiaries, Withdraw, View Details	Selected Plan
403b Valic Employee & Employer Match Contribution	Update, Withdraw, View Details	Selected Plan



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On this page, you will be eligible to enroll for additional **EMPLOYEE SUPPLEMENTAL** life insurance benefits. This is a voluntary benefit – **you are not required to enroll for this benefit.**

Click on “**Benefit Choices**” and select your desired choice. If enrolling for benefit, enter the coverage amount and Click “**Submit**”. Once you have selected the dependents to be added to your plan, click “**Save and Return to Enrollment**” to return back to the enrollment process.

Enrollment  
Employee Supplemental Life Ins

Previous Next

Benefit Choices ...

No Benefits selected  
Choose Benefits above to enroll

Select

Benefits Sort ...

Supplemental Life EE Selected Plan  
Coverage Amount: 100,000.00  
After Tax: 18.14

Supplemental Life Waive  
Coverage Amount: 0.00  
After Tax: 0.00

Select

Close

Enroll In Supplemental Life EE

Enrollment

Coverage Amount  
100,000.00

Coverage Increments  
10,000.00

Coverage Limits  
10,000.00 - 1,000,000.00

Annual Number Of Contributions  
26

Year To Date Contributions

Year	Employee	Employer
2023	36.28	0.00

Cancel Submit



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Proceed with the election process for **SUPPLEMENTAL LIFE SPOUSE** benefits. **Note: This is a voluntary benefit – you are not required to enroll for this benefit.** Click on **“Benefit Choices”** and select your desired choice. If this benefit is not applicable to you, select **“Supplemental Life Spouse – Waive”**.

If enrolling for benefit, enter the coverage amount and Click **“Submit”**. Once you have selected the dependents to be added to your plan, click **“Save and Return to Enrollment”** to return back to the enrollment process.

Enrollment

Dependent Spouse Supplemental Life Ins

Previous

Next



Benefit Choices ...

Select

Benefits

Sort ...

- Supplemental Life Spouse **Selected Plan**  
After Tax: 9.07
- Supplemental Life Spouse Waive  
After Tax: 0.00

Select

Navigation icons and page number 10

Close



Supplemental Life Spouse

Coverage Amount

50,000.00

Coverage Increments

5,000.00

Coverage Limits

5,000.00 - 250,000.00

Annual Number Of Contributions

26

Year To Date Contributions

Year	Employee	Employer
2023	18.14	0.00

Cancel

Submit





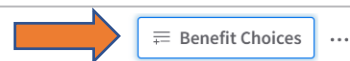


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Proceed with the election process for **SUPPLEMENTAL LIFE CHILD** benefits. Note: This is a **voluntary benefit** – you are not required to enroll for this benefit. Click on **“Benefit Choices”**, select your desired choice, and click **“Close”** to return back to the enrollment process. You do not need to select an amount for this benefit – there is a maximum \$10K coverage allowed for each child and a maximum age of 26. **If this benefit is not applicable to you, select “Supplemental Life Child – Waive”.**

Enrollment  
Dependent Child Supplemental Life Ins Previous Next



☰ Benefit Choices ...



No Benefits selected

Choose Benefits above to enroll

Select

Benefits Sort ▾ ...

<b>Supplemental Life Child Waive</b> Pre Tax: 0.00	Select
<b>Supplemental Life Child</b> Must be enrolled in one of the following plans to enroll in Supplemental Life Child: Supplemental Life EE, Supplemental Life Spouse Pre Tax: 0.00	<b>Selected Plan</b>

< < > >

10 ▾

Close

Supplemental Life Child

Benefit Start Date

Click on the first column in the following list to enroll the dependent(s) you would like to include in this plan

**Enroll Dependents** Additional Information

Add ...

Select	Name	Relationship	Birthdate
<input checked="" type="checkbox"/>		Daughter	





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Proceed with the election process for **SHORT TERM DISABILITY** benefits. Note: This is a **voluntary benefit** – you are not required to enroll for this benefit. Click on “**Benefit Choices**”, select your desired choice and click “**Close**” to return back to the enrollment process.

Enrollment  
Short Term Disability

Previous Next

 Benefit Choices ...



No Benefits selected

Choose Benefits above to enroll

Select

Benefits Sort ...

- Short Term Disability **Selected Plan**  
Coverage Option:  
After Tax: 34.86
- Short Term Disability Waive  
Coverage Option:  
After Tax: 0.00

Select


< << >> > 10 ▾

Close 



Enrollment  
Short Term Disability

Previous Next

 Benefit Choices ...

Short Term Disability Coverage Option: After Tax: 34.86	✔ <b>Selected Plan</b>
	Withdraw View Details



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Proceed with the election process for **LONG TERM DISABILITY** benefits. Note: This is a **voluntary benefit** – you are not required to enroll for this benefit. **Broward Health will pay ½ of the biweekly rate for this benefit.**

Click on “**Benefit Choices**”, select your desired choice, and click “**Close**” to return back to the enrollment process.

Enrollment  
Long Term Disability

Previous Next

 Benefit Choices ...



No Benefits selected

Choose Benefits above to enroll

### Select

Benefits

Sort ...

Long Term Disability (Staff) **Selected Plan**  
Coverage Option:  
Pre Tax: 0.00

Long Term Disability Waive  
Coverage Option:  
Pre Tax: 0.00

Select


Navigation icons and page number 10

Close



Enrollment  
Long Term Disability

Previous Next

 Benefit Choices ...

Long Term Disability (Staff)  
Coverage Option:  
Pre Tax: 0.00

 Selected Plan

Withdraw View Details

Navigation icons and page number 10



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Proceed with the election process for **HOSPITAL INDEMNITY** benefits. [Please review the Employee Benefits Guide for more information regarding this benefit.](#) Note: This is a **voluntary benefit** – you are not required to enroll for this benefit.

Click on “**Benefit Choices**”, select your desired choice, and click “**Close**” to return back to the enrollment process.

Enrollment  
Hospital Indemnity Ins

Previous Next

☰ Benefit Choices ...



No Benefits selected

Choose Benefits above to enroll

Select

Coverage Option: Employee + Spouse After Tax: 19.53	Select
<b>Hospital Indemnity Insurance</b> Coverage Option: Employee + Child(ren) After Tax: 15.54	Select
<b>Hospital Indemnity Insurance</b> Coverage Option: Family (Employee + Spouse & Children) After Tax: 25.31	Select
<b>Hospital Indemnity Waive</b> <span style="color: green;">Selected Plan</span> Coverage Option: After Tax: 0.00	

< << >> > 10 ▾

Close

Enrollment  
Hospital Indemnity Ins

Previous Next

☰ Benefit Choices ...

<b>Hospital Indemnity Waive</b> <span style="float: right; color: green;">✔ Selected Plan</span> Coverage Option: After Tax: 0.00	Withdraw View Details
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Proceed with the election process for **CRITICAL CARE** benefits. [Please review the Employee Benefits Guide for more information regarding this benefit.](#) Note: This is a **voluntary benefit** – you are not required to enroll for this benefit.

Click on **“Benefit Choices”**, select your desired choice, and click **“Close”** to return back to the enrollment process.

Enrollment  
Critical Illness

Previous Next

☰ Benefit Choices ...



No Benefits selected

Choose Benefits above to enroll

Select

Benefits Sort ...

Critical Care Illness Employee  
Coverage Option: 40,000  
After Tax: 21.60

Select

Critical Care Illness Spouse  
Coverage Option: 5,000  
After Tax: 2.70

Select

Critical Care Illness Spouse  
Coverage Option: 10,000  
After Tax: 5.40

Select

Critical Care Illness Spouse

Close

Previous Next

☰ Benefit Choices ...

Critical Care Waive  
Coverage Option:  
After Tax: 0.00

✔  
Selected Plan

Withdraw View Details



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Proceed with the election process for **LEGAL** benefits. [Please review the Employee Benefits Guide for more information regarding this benefit.](#) Note: This is a **voluntary benefit** – you are not required to enroll for this benefit.

Click on “**Benefit Choices**”, select your desired choice, and click “**Close**” to return back to the enrollment process.

Enrollment  
Legal Insurance

Previous Next

☰ Benefit Choices ...



No Benefits selected

Choose Benefits above to enroll

Select

Benefits ↓ Sort ▾ ...

- Legal Insurance  
Coverage Option:  
After Tax: 6.92  
Select
- Legal Insurance Waive  
Coverage Option:  
After Tax: 0.00  
Select

|< < > >| 10 ▾

Close

Enrollment  
Legal Insurance

Previous Next

☰ Benefit Choices ...

Legal Insurance  
Coverage Option:  
After Tax: 6.92

Selected Plan ✓

Withdraw View Details



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Please proceed with reviewing all benefits selected for accuracy. Employees are responsible for ensuring that they have selected the correct benefits prior to submission. If changes are required, please click on the appropriate benefit noted on the left-hand, grey shaded area.

Once benefits are confirmed, click on **“Submit”** to submit your enrollment. A confirmation window will pop up to confirm your elections.

Review and Submit Previous Next

Submit Your Enrollment

Cost Summary

Pay Period

Type	Cost/ Percent Employee
Medical Ins	65.14
Health Savings Account (with High Deductible Plan)	76.93
Dependent Care Flexible Spending Account	0.00
Health Care Flexible Spending Account	0.00
Dental Ins	20.36
Vision Ins	2.66
Beneficiary Update	23.14
Employee Supplemental Life Ins	18.14

Click Submit to confirm you are submitting your benefits

**\*IMPORTANT NOTE\***

An ongoing issue with the INFOR system has been discovered during this part of the enrollment process. HRIS is working diligently to resolve this issue. If you are enrolling in **“EMPLOYEE ONLY”** coverage and receive an *error message* requesting dependent documentation to be attached, please upload a PDF document with the words **“Documentation Not Applicable”**.

This will help bypass the error encountered.

Proceed with **submission** and the next final steps of your enrollment process.



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Click "View Confirmation" to view a summary of your benefit elections.

Type	Cost / Percent
Medical Ins	65.14
Health Savings Account (with High Deductible Plan)	76.93
Dependent Care Flexible Spending Account	0.00

Click the download button to download a PDF copy of your benefits summary and print/save for your records.

Plan	Options	Pre Tax
Aetna Choice HDHP	Family (Employee + Spouse & Children)	65.14

Dependent	Relationship	Birthdate
	Husband	
	Daughter	
	Custodial Granddaughter	

Plan	Pre Tax
HSA Employee + Spouse or Family	76.93

Plan
FSA Waive Dependent

Plan
FSA Waive Healthcare

Click "X" on tab to close out the Enrollment Confirmation summary.

### Enrollment Confirmation For

Enrollment Date:

Plan	Options	Pre Tax
Aetna Choice HDHP	Family (Employee + Spouse & Children)	65.14





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Click "Home" on the left-hand side of the screen. **You are now done with your benefits enrollment.** Confirmation email will be sent.

