

## **Enrolling You and Your Dependents in New Hire Benefits – Job Aid**

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Enrolling You and Your Dependents in New Hire Benefits - Job Aid

#### 1.0 How to Add Dependents to Your Benefits

#### Overview of How to Add New Dependents:

NOTE: If you are adding a dependent, you must add them to all elections, including:

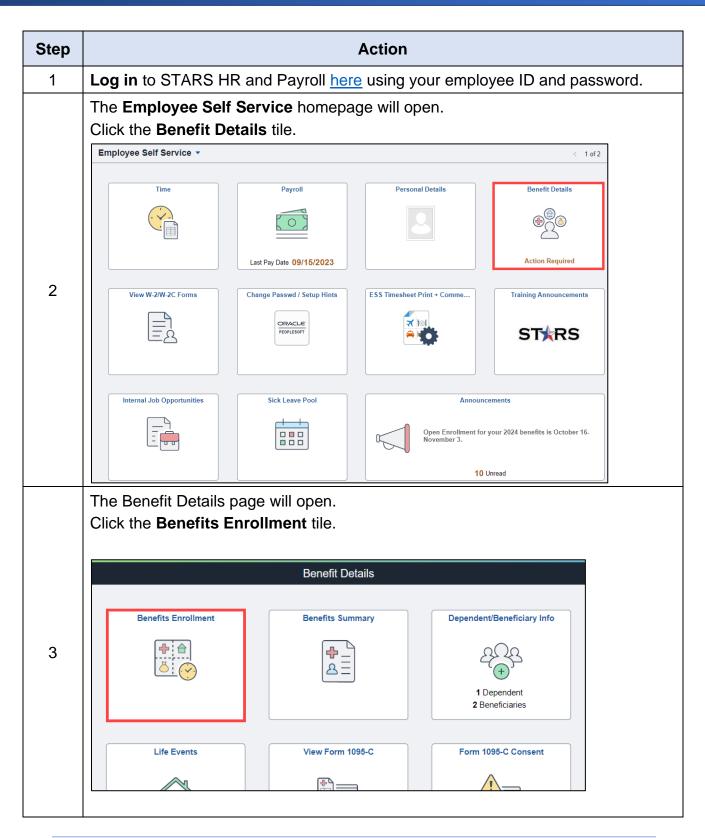
- Medical
- Dental
- Vision
- County Provided Dependent Life for Spouse or Child

Step 1 – Upload your supporting documents (birth certificate, adoption paperwork, marriage license, etc.)

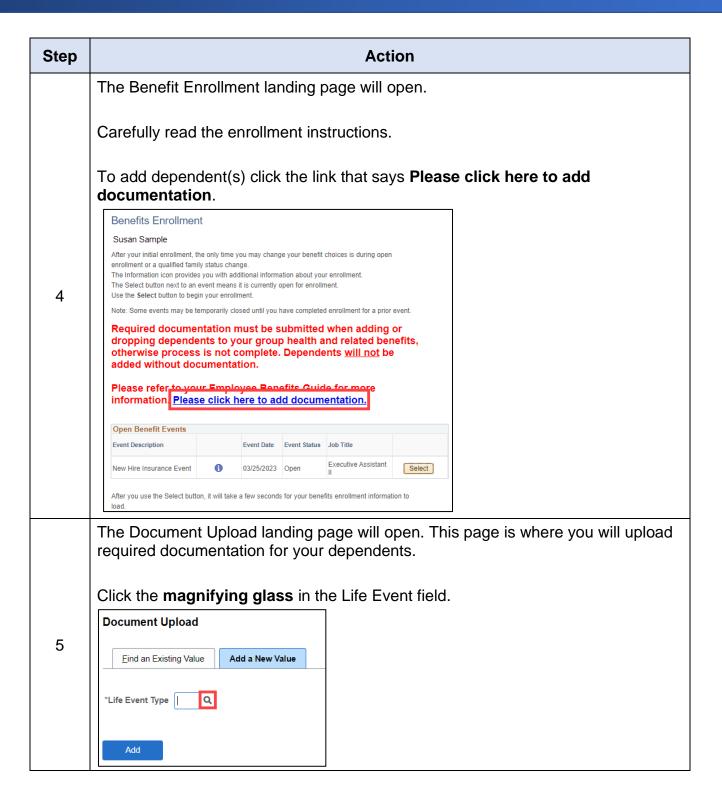
Step 2 – Return to the enrollment screens through the benefits tile and make your final elections for you and your dependents.

Follow the steps starting on the next page to upload your supporting documentation for the dependents you wish to add to your benefits.

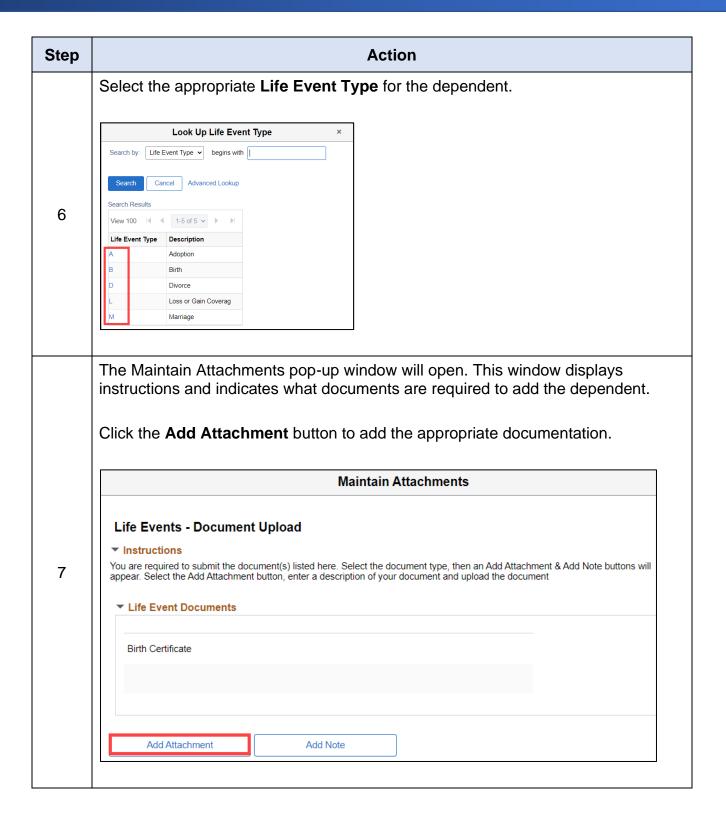








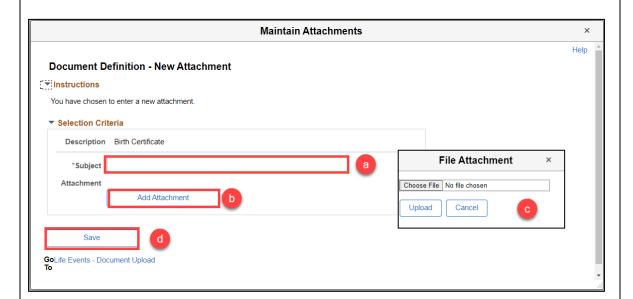






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- a. Enter a **Subject.** (Example: Steven Sample Birth Certificate)
- b. Click the Add Attachment button.
- c. A pop-up window will open. Upload the appropriate documentation using the **Browse** and **Upload** buttons.
- d. Click the Save button.



8

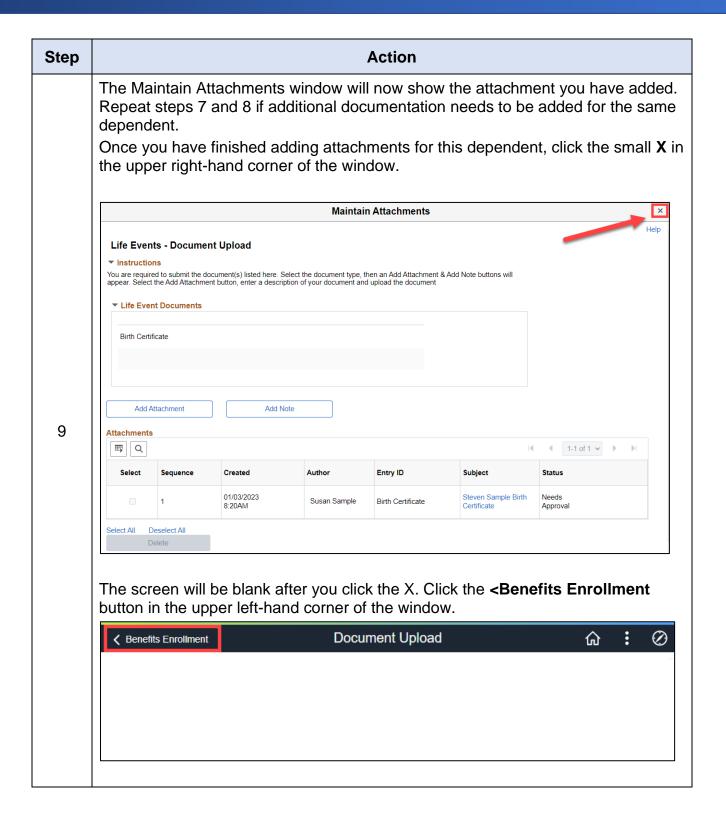
A pop-up window will display after saving. Read the warning, then click the **OK** button.



<u>IMPORTANT</u>: You do <u>not</u> have to wait for any kind of notification from Benefits & Wellness. You should begin enrolling you and your dependents in your benefit elections once you have uploaded all documentation.

Benefits & Wellness will reach out to you if there is an <u>issue</u> with any of the documentation that was submitted.







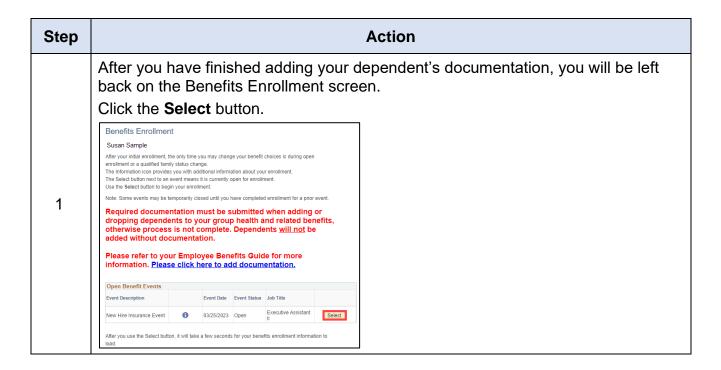
#### Enrolling You and Your Dependents in New Hire Benefits - Job Aid

Step	Action
	You will be brought back to the Benefits Enrollment landing page.
	If you have finished adding documentation for all new dependents:
	Continue to Section 1.1 to add the new dependent(s) to your benefit elections.
10	
	If you have additional dependents to add to your benefits:
	Click the <b>Please click here to add documentation</b> link to upload documentation for additional dependent(s) that you wish to add to your benefit elections, then follow steps 4-9 again.

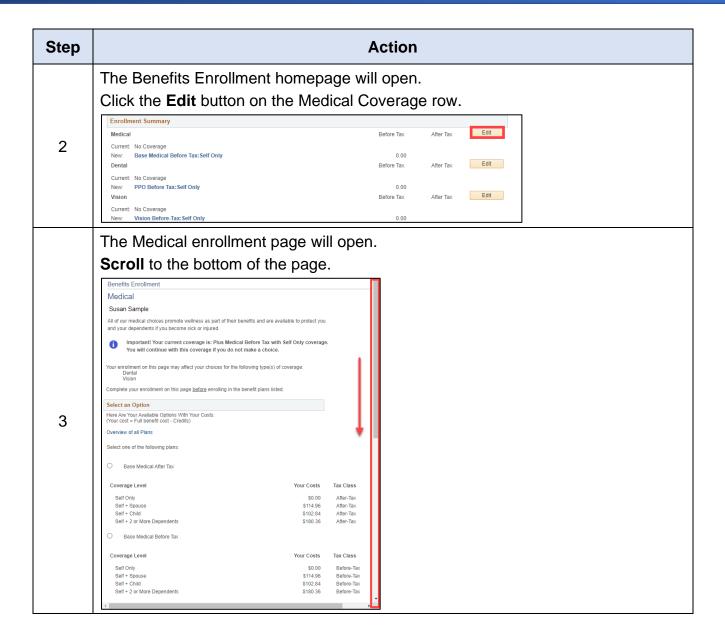
#### 1.1 How to Add Your New Dependents as Options for your Elections

After you have uploaded the required documentation for your dependent(s) you will need to add their identifying information into STARS so that you may select them as a dependent from the list of dependents for your benefit elections.

YOU WILL NOT BE ABLE TO ADD YOUR DEPENDENTS TO YOUR BENEFIT ELECTIONS IF YOU SKIP THESE STEPS.







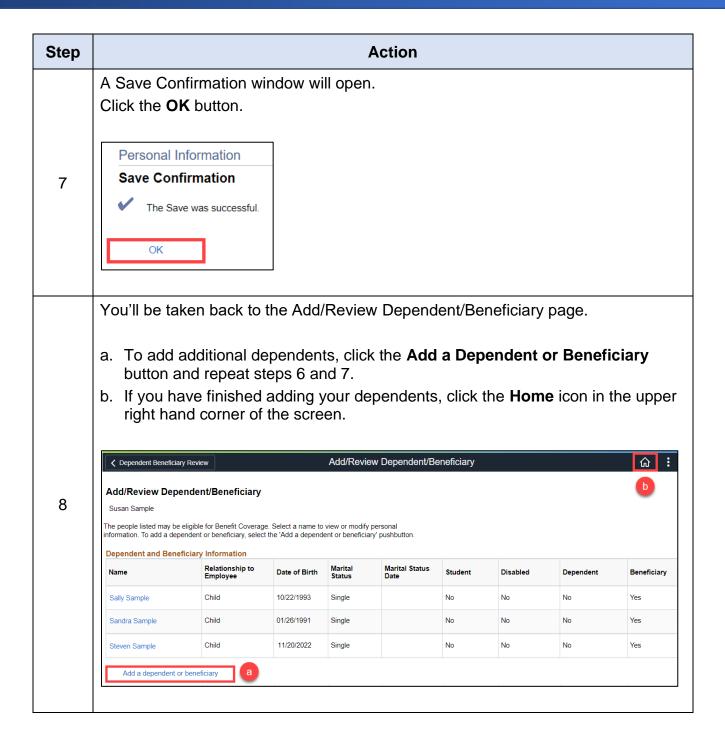


Step					Action				
	The bottom o					nroll Y	our Depe	endents.	
4	Self + Child Self + 2 or More Del  Enroll Your Depende The following list display missing from this list, us eligible. You may also us You may enroll any of the Enroll box next to the del  Dependent Beneficitien Enroll  Add/Review Dependent Update and Continue	pendents  ents s all individuals who e the Add/Review D see this button to add e following individua appendent's name.  ary  Name	o are eligible to b ependents butto new dependent	be your depe n to determin s to your list.	\$1: \$2' ndents. If an individu ne why they are not	75.53 77.29 aal is	Before-Tax Before-Tax		
5	The Add/Rev Click the Add Add/Review Depend Susan Sample The people listed may be eligii information. To add a depende Dependent and Beneficia Name Sally Sample Sandra Sample Add a dependent or ber	ent/Beneficiary  ble for Benefit Coverage int or beneficiary, select  ry Information  Relationship to  Employee  Child  Child	dent or	Benef	rersonal		Disabled No No	Dependent No No	Beneficiary Yes Yes



Step	Action
<b>Step</b>	The Dependent/Beneficiary Personal Information window will open.  a. Enter the Personal Information for the new dependent.  b. Enter the Status Information for the new dependent.  c. Confirm/Enter the Address and Phone Number of the new dependent.  d. Click the Save button.  Dependent/Beneficiary Personal Information  Susan Sample Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1, 2024.
6	*First Name Steven  Middle Name  *Last Name Sample  Name Prefix Q  Name Suffix Q  Date of Birth 11/20/2022 III  *Gender Male   Social Security Number 123456789  *Relationship to Employee Child   *Trist Name Steven  *Authorized Steven  *Authorized Sample  *Authorized
	*Marital Status Single

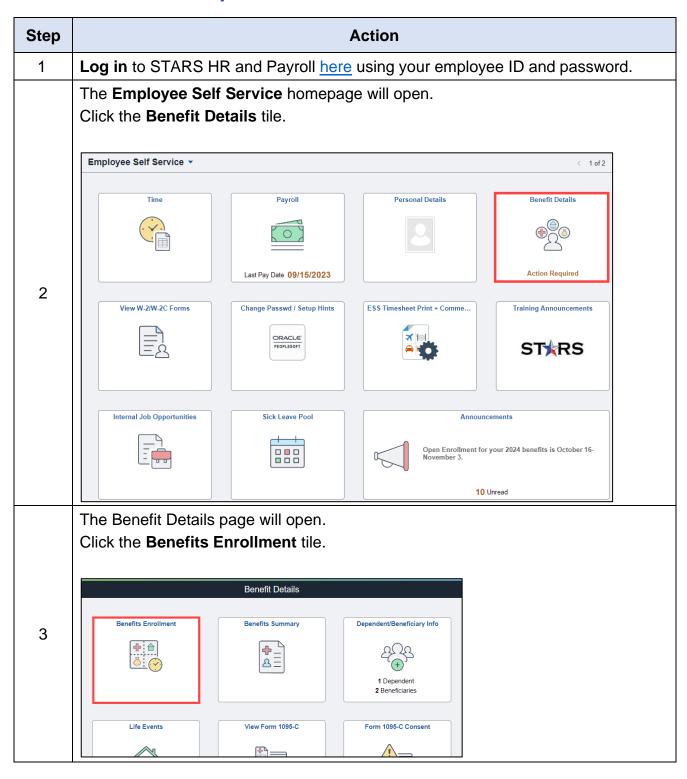






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#### 2.0 How to Make Updates to Your Elections





Step	Action							
	The Benefit Enrollment landing page will open.							
	Carefully read the e	rollment	instruct	ions.				
	Click the <b>Select</b> but	on to be	gin your	enrollment.				
	Benefits Enrollment							
	Susan Sample							
	After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change.  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.  Use the Select button to begin your enrollment.							
4	Note: Some events may be temporar	ly closed until you	have complete	d enrollment for a prior	event.			
	Required documentation dropping dependents to otherwise process is not added without docume.  Please refer to your Eminformation. Please click	your grou ot complete ntation. ployee Ber	p health a . Depende	and related bei ents <u>will not</u> be de for more	nefits,			
	Open Benefit Events							
	Event Description	Event Date	Event Status	Job Title				
	New Hire Insurance Event	03/25/2023	Open	Executive Assistant II	Select			
	After you use the Select button, it will load.	take a few second	ds for your bene	efits enrollment informa	tion to			



Step	Act	ion		
	The Benefits Home page will open.			
	Benefits Enrollment New Hire Insurance Event Susan Sample  Important: Scroll down to click the SAVE and CONbutton, followed by SUBMIT button on the next scro	ΠΝUE	tion sho	wn in red.
	submit your choices to the Benefits Department. You enrollment will not be complete until you click the subutton.	our		
	Enrollment Summary			
	Medical	Before Tax	After Tax	Edit
5	Current: No Coverage  New: Plus Medical Before Tax:Self Only  Dental	36.35 Before Tax	After Tax	Edit
	Current: No Coverage New: PPO Before Tax: Self Only Vision	0.00 Before Tax	After Tax	Edit
	Current: No Coverage	Bololo lax	Autor rux	
	New: Vision Before-Tax:Self Only	0.00		5.11
	Cnty Provided Employee Life	Before Tax	After Tax	Edit
	Current: No Coverage  New: Basic Life: \$30,000			
	Employee Optional Life	Before Tax	After Tax	Edit
	Current: No Coverage			
	New: OPT1X BT: Salary X 1 : \$75,000  Cnty Provided Dep Life Spouse	2.11 Before Tax	After Tax	Edit
	Current: No Coverage	DOIOIG TAX	Autol 10A	
	New: Waive			E dia
	Optional Dep Life +AD&D Spouse	Before Tax	After Tax	Edit
	Current: No Coverage New: Waive			
	Cnty Provided Dep Life Child	Before Tax	After Tax	Edit
	Current: No Coverage			
	New Waire			



Step				Ac	tion			
	There are 12 Benefits op elections for each benefit You must make selection Optional Life, Dependent Life + AD&D Spouse, Op Spending – Health and/o	t, click ns for t Life to tional	the <b>I</b> each Spous	edit be of the se, Deender	outton. ese bene epender nt Life +	efits: N	∕ledical, Child, C	Dental, Vision, Life, Optional Dependent
	Enrollment Summary							
I	Medical				Before Tax	After Tax	Edit	
	Current: No Coverage							
1	New: Plus Medical Before Tax: Self Only				36.35			
	Dental				Before Tax	After Tax	Edit	
	Current: No Coverage							
	New: PPO Before Tax: Self Only				0.00	44 T	Edit	
	Vision				Before Tax	After Tax	Luit	
	Current: No Coverage New: Vision Before-Tax: Self Only				0.00			
	Cnty Provided Employee Life				Before Tax	After Tax	Edit	
	Current: No Coverage							
	New: Basic Life: \$30,000							
	Employee Optional Life				Before Tax	After Tax	Edit	
	Current: No Coverage							
	New: OPT1X BT: Salary X 1 : \$75,000 Cnty Provided Dep Life Spouse				2.11 Before Tax	After Tax	Edit	
6	Current: No Coverage							
	New: Waive							
	Optional Dep Life +AD&D Spouse				Before Tax	After Tax	Edit	
	Current: No Coverage							
	New: Waive						Edit	
	Cnty Provided Dep Life Child				Before Tax	After Tax	Euit	
	Current: No Coverage New: Waive							
	Optional Dep Life + AD&D Child				Before Tax	After Tax	Edit	
	Current: No Coverage							
	New: Waive							
	Optional LTD				Before Tax	After Tax	Edit	
	Current: No Coverage							
	New: Waive Flex Spending Health - U.S.				Before Tax	After Tax	Edit	
	Current: No Coverage							
	New: Waive				0.00			
	Flex Spending Dependent Care				Before Tax	After Tax	Edit	
	Current: No Coverage							
	New: Waive				0.00			
	This table summarizes estimated costs for your new benefit choice		oyer" column di	isplays				
	the amount the Company is contributing to subsidize the cost of y	our benefits.)						
	Election Summary							
	Summarized estimates for new Benefit Elections	Total	Before Tax	After Tax	Employer			
	Costs	38.46	38.46	0.00	0.44			
				0.00				
	Your Costs	38.46	38.46	0.00				
	These costs do not include certain choices that are based on variable earn							
	The Company's contributions towards your benefits may impact the taxes paycheck.	un your						
	Save and Continue							



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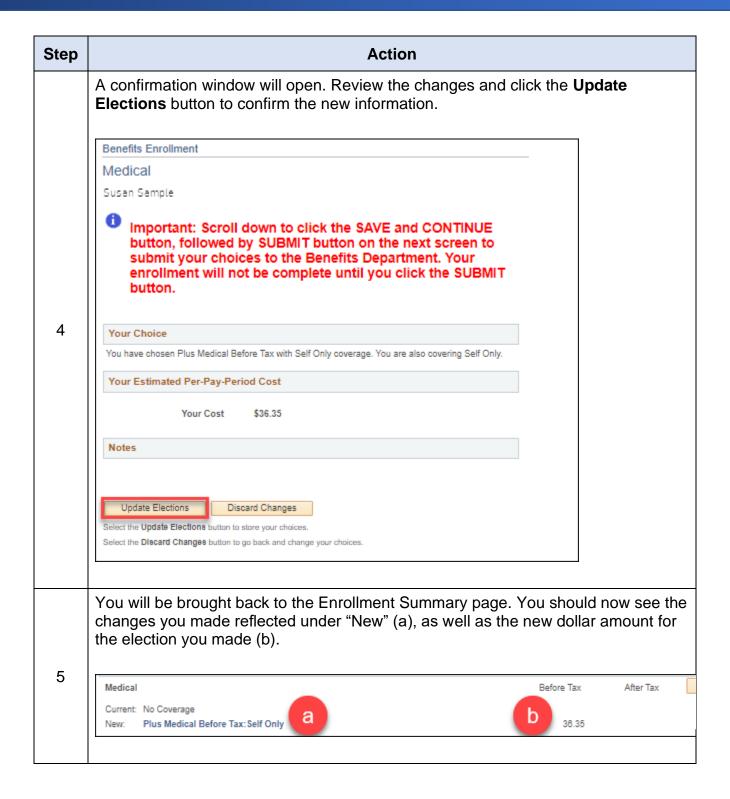
#### 2.1 Medical Benefit Enrollment

Step		Act	ion	
	Click the <b>Edit</b> button next to	o Medical.		
	Medical		Before Tax	x After Tax Edit
1	Current: No Coverage New: Waive		36.3	35
	Harris County offers two di			
	also have the option to sele	ect the plan ded	uction <b>before</b> or <b>af</b>	ter tax.
	Click the <b>radio button</b> nex	t to the election	vou wish to choose	e for your medical
	benefit.	t to the election	you wish to onlook	o for your modical
	Select an Option			
	Here Are Your Available Options With Your Costs: (Your cost = Full benefit cost - Credits)			
	Overview of all Plans			
	Select one of the following plans:			
	Base Medical After Tax			
	Coverage Level	Your Costs	Tax Class	
	Self Only Self + Spouse	\$0.00 \$114.96	After-Tax After-Tax	
	Self + Child	\$102.84	After-Tax	
	Self + 2 or More Dependents	\$180.36	After-Tax	
2	Base Medical Before Tax			
	Coverage Level	Your Costs	Tax Class	
	Self Only	\$0.00	Before-Tax	
	Self + Spouse Self + Child	\$114.96 \$102.84	Before-Tax Before-Tax	
	Self + 2 or More Dependents	\$180.36	Before-Tax	
	O Plus Medical After Tax			
	Coverage Level	Your Costs	Tax Class	
	Self Only	\$36.35	After-Tax	
	Self + Spouse Self + Child	\$211.88 \$175.53	After-Tax After-Tax	
	Self + 2 or More Dependents	\$277.29	After-Tax	
	Plus Medical Before Tax			
	Coverage Level	Your Costs	Tax Class	
	Self Only	\$36.35	Before-Tax	
	Self + Spouse Self + Child	\$211.88 \$175.53	Before-Tax Before-Tax	
	Self + Child Self + 2 or More Dependents	\$277.29	Before-Tax	
	Facell Verse Dense dente			



Step	Action						
	Scroll to the bottom of the page.						
	If you are not enrolling any dependents in medical coverage, skip to letter b.						
	Make sure whichever dependents you would like to enroll in medical coverage have a check in the checkbox under the <b>Enroll</b> column.						
	<ul> <li>a. If you wish to add a dependent to the coverage, click the checkbox next to the dependent's name.</li> <li>Note: If you do not see your dependents listed, make sure you completed all the steps in section 1.0 How to Add New Dependents to Your Benefits and section</li> </ul>						
	1.1 How to Add New Dependents as Options for Your Elections.						
	<ul><li>b. Click the <b>Update and Continue</b> button.</li><li>&gt; With Dependents:</li></ul>						
3	Enroll Your Dependents  The following list displays all individuals who are eligible to be your dependents. If an individual is						
3	missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.  You may enroll any of the following individuals for coverage under this plan by checking the						
	Enroll box next to the dependent's name.						
	Dependent Beneficiary  Enroll Name Relationship						
	David Sample Spouse						
	b Steven Sample Child						
	Add/Review Dependents  C Update and Continue Discard Changes						
	No Dependents:						
	Dependent Beneficiary						
	Enroll Name Relationship						
	Add/Review Dependents						
	Update and Continue Discard Changes						







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#### 2.2 Dental Benefit Enrollment

Step	Action	
	Click the <b>Edit</b> button next to Dental.	
4	Dental Before Tax	After Tax Edit
1	Current: No Coverage New: Waive 0.00	
ı	Harris County offers PPO Dental coverage.	
ı	You have the option to select the plan deduction <b>before</b> or <b>afte</b>	er tax.
	Click the <b>radio button</b> next to the election you wish to choose f benefit.	for your dental
	Select an Option	
	Here Are Your Available Options With Your Costs: (Your cost = Full benefit cost - Credits)	
	Overview of all Plans	
	Select one of the following plans:	
2	O PPO After-Tax	
2	Coverage Level Your Costs	Tax Class
	Self Only \$0.00	After-Tax
	Self + Spouse         \$5.76           Self + Child         \$5.76	After-Tax After-Tax
	Self + 2 or More Dependents \$12.10	After-Tax
	PPO Before Tax	
	Coverage Level Your Costs	Tax Class
	Self Only \$0.00	Before-Tax
	Self + Spouse \$5.76	Before-Tax
	Self + Child         \$5.76           Self + 2 or More Dependents         \$12.10	Before-Tax Before-Tax
	O Waive	



Step	Action						
	Scroll to the bottom of the page.  If you are not enrolling any dependents in dental coverage, skip to letter b.						
	Make sure whichever dependents you would like to enroll in dental coverage have a check in the checkbox under the <b>Enroll</b> column.						
	a. If you previously turned in documentation to have dependent(s) added, they will be listed without a check. Click the <b>checkbox</b> to enroll them in the dental benefit. Note: If you do not see your dependents listed, go back to page 2, and read the section Important steps when adding dependents.						
	<ul> <li>b. Click the <b>Update and Continue</b> button.</li> <li>&gt; With Dependents:</li> </ul>						
3	Enroll Your Dependents  The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not eligible. You may also use this button to add new dependents to your list.  You may enroll any of the following individuals for coverage under this plan by checking the						
	Enroll box next to the dependent's name.  Dependent Beneficiary  Enroll Name Relationship  David Sample Spouse						
	Add/Review Dependents C						
	Discard Changes  ➤ No Dependents:						
	Dependent Beneficiary  Enroll Name Relationship						
	Add/Review Dependents  Update and Continue Discard Changes						

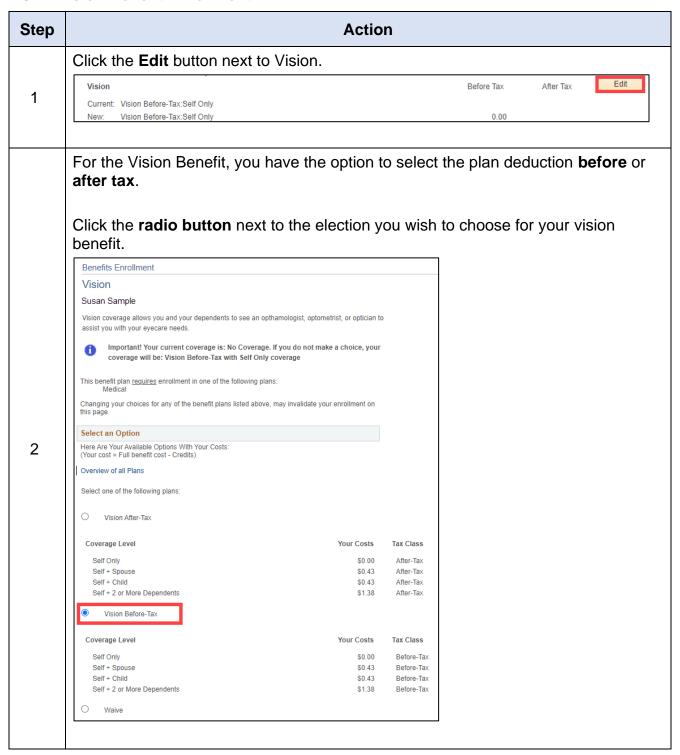


Step	Action
Step 4	A confirmation window will open. Review the changes and click the Update Elections button to confirm the new information.    Dental
	You will be brought back to the Enrollment Summary page. You should now see
5	the changes you made reflected under "New" (a), as well as the new dollar amount for the election you made (b).  Dental  Current: PPO Before Tax:Self+2plus a  12.10  New: PPO Before Tax:Self+2plus a



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#### 2.3 Vision Benefit Enrollment





Step	Action				
	Scroll to the bottom of the page.				
	If you are not enrolling any dependents in vision coverage, skip to letter b.				
	Make sure whichever dependents you would like to enroll in vision coverage have a check in the checkbox under the <b>Enroll</b> column.				
	a. If you previously turned in documentation to have dependent(s) added, they will be listed without a check. Click the <b>checkbox</b> to enroll them in the vision benefit. Note: If you do not see your dependents listed, go back to page 2, and read the section <i>Important steps when adding dependents</i> .				
	b. Click the <b>Update and Continue</b> button.				
	> With Dependents:				
3	Enroll Your Dependents  The following list displays all individuals who are eligible to be your dependents. If an individual is missing from this list, use the Add/Review Dependents button to determine why they are not				
	eligible. You may also use this button to add new dependents to your list.  You may enroll any of the following individuals for coverage under this plan by checking the Enroll box next to the dependents name.				
	Dependent Beneficiary				
	Enroll Name Relationship				
	David Sample Spouse				
	b Steven Sample Child				
	Add/Review Dependents				
	C Update and Continue Discard Changes				
	> No Dependents:				
	Dependent Beneficiary				
	Enroll Name Relationship				
	Add/Review Dependents				
	Update and Continue Discard Changes				



Step	Action
	A confirmation window will open. Review the changes and click the <b>Update Elections</b> button to confirm the new information.
4	Benefits Enrollment  Vision  Susan Sample  Important: Scroll down to click the SAVE and CONTINUE button, followed by SUBMIT button on the next screen to submit your choices to the Benefits Department. Your enrollment will not be complete until you click the SUBMIT button.  Your Choice  You have chosen Vision Before-Tax with Self Only coverage. You are also covering Self Only.
	Your Cost \$0.00  Notes  Update Elections Discard Changes Select the Update Elections button to store your choices. Select the Discard Changes button to go back and change your choices.
5	You will be brought back to the Enrollment Summary page. You should now see the changes you made reflected under "New" (a), as well as the new dollar amount for the election you made (b).  Vision  Current: No Coverage New: Vision Before-Tax: Self Only

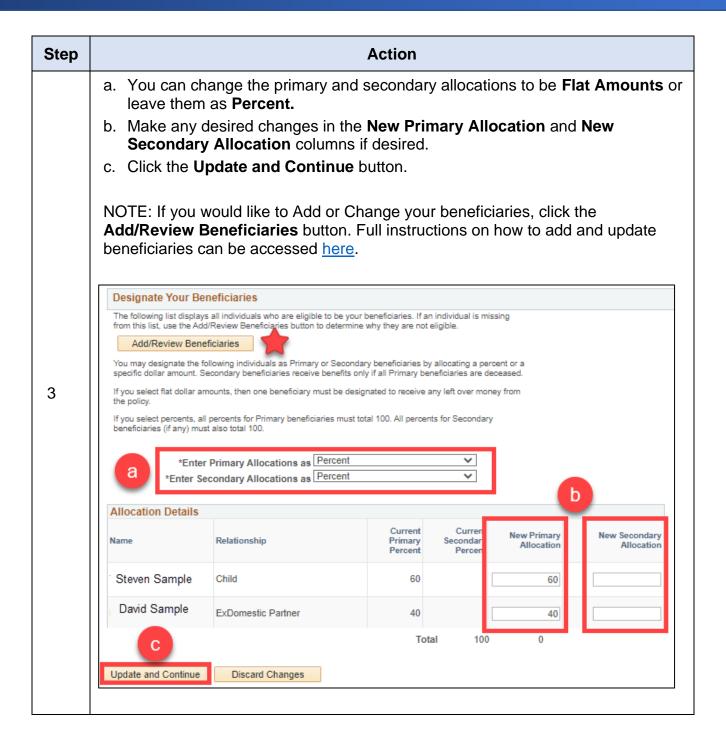


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#### 2.4 Employee Optional Life Enrollment

Step	Action	
	Click the <b>Edit</b> button next to Optional Life.	
1	Employee Optional Life	Before Tax After Tax Edit
•	Current: No Coverage	
	New: Waive	2.11
	For the Optional Life AD&D Benefit, you have the	
	elect between 1-3x your salary before or after ta	xes.
	Click the radio button pays to the election your	ish to shoops for the entire all life
	Click the <b>radio button</b> next to the election you we benefit.	rish to choose for the optional life
	Sorieiki	
	Benefits Enrollment	
	Employee Optional Life	
	Susan Sample	
	Supplemental Life insurance allows you to purchase coverage in addition to what's provided by the basic life plan.	
	1 Important! Your current coverage is: No Coverage. Coverage for this plan will be waive	d
	if you do not make an election.	
	Your enrollment on this page may affect your choices for the following type(s) of coverage:  Optional Dep Life + AD&D Child	
	Optional Dep Life +AD&D Spouse  Complete your enrollment on this page <u>before</u> enrolling in the benefit plans listed.	
2	Notes	
_	Duplicate coverage levels may appear if the normal calculation of the coverage results in an amount greater than the maximum coverage allowed. The coverage is then limited to the maximum coverage	
	amount.	
	Select an Option  Here Are Your Available Options With Your Per-Pay-Period Costs:	
	Select one of the following plans:	
	Coverage Level Your Cost Tax Clas	s
	O Waive	
	Optional Life 1X Before- Tax ( \$75,000)     2.11 Before-Tax	
	Optional Life 1X After-Tax (\$75,000)	
	Optional Life 2X After-Tax 4.22 After-Tax	
	(\$150,000) Optional Life 2X Before- Tax (\$150,000) 4.22 Before-Tax	
	Optional Life 3X After-Tax (\$225,000)	
	Optional Life 3X Before- Tax (\$225,000)	







Step	Action
Step 4	A confirmation window will open. Review the changes and click the Update Elections button to confirm the new information.  Benefits Enrollment Employee Optional Life Susen Semple  Important: Scroll down to click the SAVE and CONTINUE button, followed by SUBMIT button on the next screen to submit your choices to the Benefits Department. Your enrollment will not be complete until you click the SUBMIT button.  Your Choice You have chosen Optional Life 1X Before-Tax ( \$75,000) coverage.  Your Estimated Per-Pay-Period Cost Your Ocst Your Orimary Allocations Primary Allocation Details Name Relationable Seeven Sample Child 100  Your Secondary Beneficiary Allocations You have not designated any secondary beneficiaries.  Notes The actual arrount of coverage for this plan is based upon your callery, and will very in accordance with any character slay over stalery over firms.  Decard Changes  Decard Changes
5	You will be brought back to the Enrollment Summary page. You should now see the changes you made reflected under "New" (a), as well as the new dollar amount for the election you made (b).
5	Employee Optional Life  Current: No Coverage New: OPT1X BT: Salary X 1: \$75,000  After Tax Edit  D  2.11



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#### 2.5 County Provided Dependent Life for Spouse/Child

Harris County provides Dependent Life coverage for your enrolled dependents. This is required if you have enrolled dependents in your medical/dental/vision coverage.

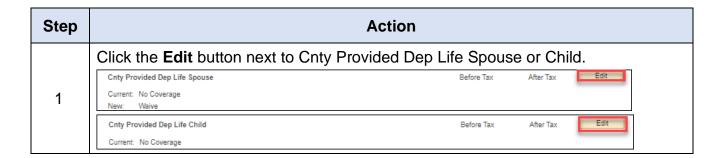
• If you enrolled a spouse in your medical/dental/vision coverage they will automatically receive County Provided Dependent Life Spouse coverage.



 If you enrolled your child/children in your medical/dental/vision coverage they will automatically receive County Provided Dependent Life Child coverage.



If you are adding a new dependent in your medical/dental/vision coverage, you must also enroll the dependent(s) in the county provided life coverage. Follow the steps below to complete the enrollment. The steps are shown for the County Provided Dependent Life for Child. The same steps should be taken for the Spouse elections.





Step			Action
		•	ent Life Benefit for your spouse or child, you must olled in your medical/dental/vision coverage.
		adio button next to se or child(ren).	Yes to accept the county provided life benefit for
		` ,	the <b>Covered</b> column to indicate all dependents the benefit listed (spouse or child).
	c. Click the U	Jpdate and Continu	ue button.
	Benefits Enrollment		
	Cnty Provided Dep	Life Child	
	Susan Sample		
2	i Important! Your curre do not make a choice	ent coverage is: Waive. You will continue witl a.	h this coverage if you
	This coverage is provided at no	cost to you.	
	Select an Option		
	No, I do not want to e     Yes Dependent Life	nroll e Child (\$2,000)	
	O res Dependent Lin	e Ciliid ( \$2,000)	
	Designate Your Depend The following list displays all in this list, use the Add/Review De button to add new dependents  Add/Review Depender	dividuals who are eligible to be your dependents. If an ependents button to determine why they are not eligible to your list.	n individual is missing from le. You may also use this
	Allocation Details		
	Name	Relationship	Covered
	Steven Sample	Spouse	
	Piper Sample	Stepchild	
	Sharon Sample	Child	
	Update and Continue	Discard Changes	



Step		А	ction			
	A confirmation windo Elections button to d			d click the <b>Update</b>	<del></del>	
	Benefits Enrollment			]		
	Cnty Provided Dep Life (	Child				
	Susan Sample					
	button, followed by submit your choice	own to click the SAVE a SUBMIT button on the s to the Benefits Depar se complete until you o	next screen to tment. Your			
	Your Choice					
	You have chosen Dependent Life Child (\$2,000) coverage.					
3	Your Estimated Per-Pay-Period Cost					
	This coverage is provided at no cost to you.					
	Your Covered Dependents					
	Primary Allocation Details					
	Name	Relationship	Amount			
	Steven Sample	Child	\$2,000			
	Notes  The actual amount of coverage for this platchanges to your salary over time.  Update Elections  Discard  Select the Update Elections button to stort  Select the Discard Changes button to go be	Changes e your choices.	y in accordance with any			
4	You will be brought be the changes you mad	de reflected under '	'New" (a).	ge. You should nov	w see	
	Current: Waive New: Dependent Life Child: \$2,000	a				



**Enrolling You and Your Dependents in New Hire Benefits - Job Aid** 

#### 2.6 Optional Dependent Life + AD&D Spouse/Child

In order to elect the Optional Dependent Life + AD&D for Spouse or Child, you must have elected Optional Life coverage for yourself (employee).

Follow the instructions below to complete any desired changes for Optional Dependent Life + AD&D for Spouse or Child. (Pictures shown are of electing for a Child. The steps will be the same when electing for a Spouse.)

se or Child.
Edit
Edit
Edit



#### Enrolling You and Your Dependents in New Hire Benefits - Job Aid

For the Optional Life + AD&D Benefit for *Spouse*, you may enroll your covered spouse up to a maximum benefit of \$50,000 (by increments of \$5,000) or no more than 50% of your optional life benefit. You must also indicate if you would like the benefit premium taken out before or after taxes.

For the Optional Life + AD&D Benefit for *Child*, you have the option to waive the benefit or elect between \$5,000-\$20,000 (by increments of \$5,000). You must also indicate if you would like the benefit premium taken out before or after taxes.

Click the **radio button** next to the election you wish to choose for the optional dependent life + AD&D benefit.

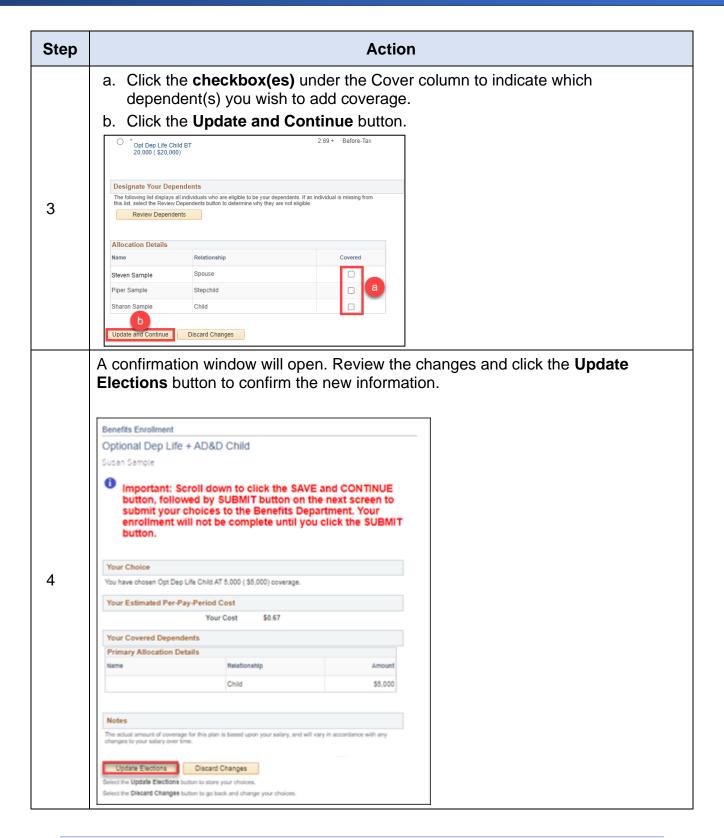
NOTE: If you select an option with a \* next to it, you will be required to provide an Evidence of Insurability before the benefit will take effect.

Once you change the election from "Waive" to an amount, the Designate Your Dependents section will appear at the bottom of the screen.

s Enrollment								
3 LIII OIII II CIII								
nal Dep Lif	e + AD&E	Chile	1					
Sample								
			Cove	rage. C	overag	ge for this plan	will be waived	
		one of the	follow	ing pla	15:			
g your choices fo	r any of the be	nefit plar	s listed	above	may ir	nvalidate your e	nrollment on	
nent in this benefit	plan requires en	rollment in	Employ	ee Optio	onal Life			
an Option								
e Your Available	Options With	our Per-	Pay-Pe	riod Co	sts:			
one of the follow	ing plans:							
Coverage Lev	rel					Your Cost	Tax Class	
Waive						rodi cosi	Tun Olass	
	ild AT					0.67 +	After-Tax	
Opt Dep Life Ch	ild BT					0.67 +	Before-Tax	
Ont Den Life Ch	ild AT					1.34 +	After-Tax	
Opt Dep Life Ch	ild BT					1.34+	Before-Tax	
Opt Dep Life Ch	ild AT					2.02 +	After-Tax	
Opt Dep Life Ch	ild BT					2.02 +	Before-Tax	
Opt Dep Life Ch	ild AT					2.69 +	After-Tax	
Opt Dep Life Ch 20,000 (\$20,000	ild BT					2.69 +	Before-Tax	
	you do not make eff plan requires mployee Option.  g your choices for the control of the control	you do not make an election.  efit plan requires enrollment in imployee Optional Life g your choices for any of the be.  .  an Option e Your Available Options With Yone of the following plans:  Coverage Level Waive Opt Dep Life Child AT 5,000 (\$5,000) Opt Dep Life Child BT 10,000 (\$10,000) Opt Dep Life Child AT 10,000 (\$10,000) Opt Dep Life Child AT 15,000 (\$15,000) Opt Dep Life Child AT 15,000 (\$15,000) Opt Dep Life Child BT 15,000 (\$15,000) Opt Dep Life Child AT 20,000 (\$20,000)	you do not make an election.  eff plan requires enrollment in one of the mployee Optional Life g your choices for any of the benefit plan requires enrollment in this benefit plan requires enrollment in the Control of the following plans:  Coverage Level  Waive  Opt Dep Life Child AT 5,000 (35,000)  Opt Dep Life Child BT 10,000 (\$10,000)  Opt Dep Life Child BT 10,000 (\$10,000)  Opt Dep Life Child BT 15,000 (\$15,000)  Opt Dep Life Child BT 15,000 (\$15,000)	you do not make an election.  eff plan requires enrollment in one of the follow mployee Optional Life g your choices for any of the benefit plans listed i.   an Option e Your Available Options With Your Per-Pay-Perone of the following plans:  Coverage Level  Waive Opt Dep Life Child AT 5,000 (\$5,000) Opt Dep Life Child BT 10,000 (\$10,000) Opt Dep Life Child BT 10,000 (\$10,000) Opt Dep Life Child BT 10,000 (\$10,000) Opt Dep Life Child BT 15,000 (\$15,000)	you do not make an election.  efit plan requires enrollment in one of the following plan mployee Optional Life g your choices for any of the benefit plans listed above.   ent in this benefit plan requires enrollment in Employee Option an Option e Your Available Options With Your Per-Pay-Period Coone of the following plans:  Coverage Level  Waive Opt Dep Life Child AT 5,000 (55,000) Opt Dep Life Child BT 10,000 (\$10,000) Opt Dep Life Child BT 10,000 (\$10,000) Opt Dep Life Child AT 15,000 (\$15,000) Opt Dep Life Child AT 15,000 (\$15,000) Opt Dep Life Child BT 15,000 (\$15,000)	you do not make an election.  efit plan requires enrollment in one of the following plans: mployee Optional Life g your choices for any of the benefit plans listed above, may in the sense of the following plans: ment in this benefit plan requires enrollment in Employee Optional Life  Lan Option e Your Available Options With Your Per-Pay-Period Costs: one of the following plans:  Coverage Level  Waive Opt Dep Life Child AT 5,000 (35,000) Opt Dep Life Child BT 10,000 (\$10,000) Opt Dep Life Child BT 10,000 (\$10,000) Opt Dep Life Child BT 15,000 (\$15,000)	you do not make an election.  efit plan requires enrollment in one of the following plans:  imployee Optional Life  g your choices for any of the benefit plans listed above, may invalidate your en- in this benefit plan requires enrollment in Employee Optional Life.  Lan Option  e Your Available Options With Your Per-Pay-Period Costs:  one of the following plans:  Coverage Level Your Cost  Waive  Opt Dep Life Child AT 0.87 +  5.000 (55.000)  Opt Dep Life Child BT 1.34 +  10.000 (\$10.000)  Opt Dep Life Child BT 1.34 +  10.000 (\$10.000)  Opt Dep Life Child BT 1.34 +  10.000 (\$10.000)  Opt Dep Life Child BT 1.5,000 (\$15.000)  Opt Dep Life Child BT 2.02 +  15,000 (\$15.000)  Opt Dep Life Child BT 2.02 +  15,000 (\$15.000)  Opt Dep Life Child BT 2.00 +  15,000 (\$15.000)  Opt Dep Life Child BT 2.00 +  15,000 (\$15.000)  Opt Dep Life Child BT 2.00 +  15,000 (\$15.000)  Opt Dep Life Child BT 2.00 +  15,000 (\$15.000)	effet plan requires enrollment in one of the following plans: mployee Optional Life g your choices for any of the benefit plans listed above, may invalidate your enrollment on  interest in this benefit plan requires enrollment in Employee Optional Life.  It an Option  e Your Available Options With Your Per-Pay-Period Costs: one of the following plans:  Coverage Level  Your Cost Tax Class  Waive Opt Dep Life Child AT 5,000 (35,000) Opt Dep Life Child BT 1,344 After-Tax 10,000 (\$10,000) Opt Dep Life Child AT 10,000 (\$10,000) Opt Dep Life Child BT 1,000 (\$5,000) Opt Dep Life Child BT 1,000 (\$15,000) O

2







#### Enrolling You and Your Dependents in New Hire Benefits - Job Aid

Step	Ac	tion
5	You will be brought back to the Enrollme the changes you made reflected under "I for the election you made (b).	nt Summary page. You should now see New" (a), as well as the new dollar amount
	Optional Dep Life + AD&D Child	Before Tax After Tax Edit
	Current: No Coverage New: Opt Dep Life Child BT 10,000: \$10,000	1.34 b

#### 2.7 Optional LTD Enrollment/Changes

Follow the instructions from section 4.4 (Optional Life Enrollment) to complete any desired changes for Optional LTD.



#### Enrolling You and Your Dependents in New Hire Benefits - Job Aid

#### 2.8 Flex Spending – Health and Dependent Care – Enrollment/Changes

#### Don't Forget!!

- The maximum election amount for FSA health account is \$3,050 and FSA dependent care maximum election is \$5,000.
- The minimum election amount for both health and dependent care FSA is \$300.
- The Dependent Care Account is only for the care of a child under the age of 13 while you are at work. It is NOT for healthcare expenses.

Enrolling in Flex Spending for Dependent Care will be completed exactly the same way that the FSA Health enrollment is completed. Follow the steps below to enroll for Flex Spending Health and/or for Flex Spending Dependent Care.

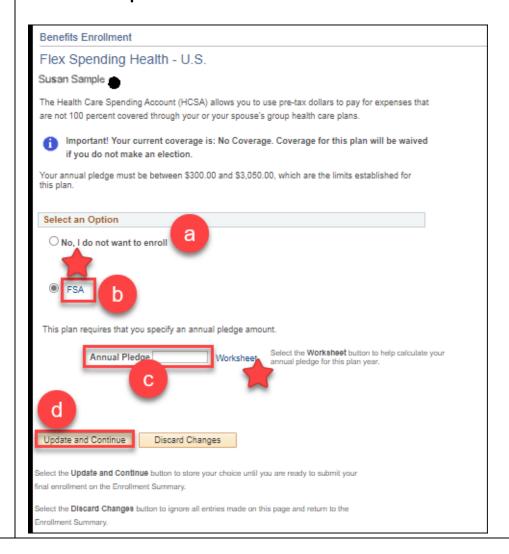
Step	Actio	n		
	Click the <b>Edit</b> button next to Flex Spending Care.	Health or Flex S	Spending	J Dependent
1	Flex Spending Health - U.S.  Current: Waive New: Waive Flex Spending Dependent Care Current: Waive New: Waive	Before Tax  0.00 Before Tax  0.00	After Tax After Tax	Edit



#### Enrolling You and Your Dependents in New Hire Benefits - Job Aid

NOTE: For detailed information on how the FSA plans work and how to choose the right election amount, click the **FSA / Dependent Care FSA** link. (The link is the 2<sup>nd</sup> option choice – the link is not underlined, but you can click it for more information.) You may also use the **Worksheet** link to help calculate your annual pledge for this plan year,

- a. If you do <u>not</u> want to enroll in FSA, choose the radio dial next to **No, I do not** want to enroll.
- b. If you <u>do</u> want to enroll in FSA, choose the radio dial next to **FSA / Dependent Care FSA** to elect the coverage.
- c. Enter your **Annual Pledge** amount (if applicable).
- d. Click the **Update and Continue** button.



2



Step	Action
	A confirmation window will open. Review the changes and click the <b>Update Elections</b> button to confirm the new information.
	Benefits Enrollment
	Flex Spending Health - U.S.
	Susan Sample
2	Important: Scroll down to click the SAVE and CONTINUE button, followed by SUBMIT button on the next screen to submit your choices to the Benefits Department. Your enrollment will not be complete until you click the SUBMIT button.
3	Your Choice
	You have chosen to enroll in the FSA plan with an annual pledge of \$1,000.00.
	Your Contributions
	Your approximate per-pay-period contribution will be \$52.63.
	Notes
	Update Elections  Discard Changes  Select the Update Elections button to store your choices.  Select the Discard Changes button to go back and change your choices.
_	You will be brought back to the Enrollment Summary page. You should now see the changes you made reflected under "New" (a), as well as the new dollar amount for the election you made (b).
4	Flex Spending Health - U.S.  Current: Waive New: FSA: \$1,000.00  Before Tax After Tax b  45.45



**Enrolling You and Your Dependents in New Hire Benefits - Job Aid** 

#### 3.0 Saving and Submitting Your Benefit Enrollment/Changes

You may save your elections at any time by clicking the Save and Continue button at the bottom of the screen. Do not click the Submit button until you are ready to submit your final benefit elections!

Follow the steps below to submit your benefit elections.

Step	Action
	Once you have finished making your benefit elections you will be able to review your Election Summary at the bottom of the page.  Click the <b>Save and Continue</b> button.  NOTE: It will take a moment for the page to process after you click the <b>Save and Continue</b> button.
1	This table summarizes estimated costs for your new benefit choices. (The "Employer" column displays the amount the Company's contributing to subsidize the cost of your benefits.)  Election Summary  Summarized estimates for new Benefit Elections  Total Before Tax After Tax Employer  Costs  86.78 45.45 41.33 461.90  Your Costs  86.78 45.45 41.33 461.90  These costs do not include certain choices that are based on variable earnings. The Company's contributions towards your benefits may impact the taxes on your sexcheat.  Select the Save and Continue  Select the Save and Continue button to send your final choices to the Benefits Department.  important: Click the SAVE and CON TINUE button, followed by SUBMIT button on the next screen to submit your choices to the Benefits, Your enrollment will not be complete until you click the SUBMIT button Department.
2	Click the Submit button to send your final choices to the Benefits Department.  Benefits Enrollment Submit Benefit Choices Susan Sample You have alread congleted your enrollment. If you have no further changes, Select the Submit button on this page to finalize your benefit choices.  Select the Submit button on this page to finalize your benefit choices.  Select the Submit button on this page to finalize your benefit choices.  Once of a family and therefor deduces will you have completed your enrollment for your government to groupsessed, you may not be able to make any further benefit choices will be sent to be fine the family able to family allow changes used the year desired place of make the processing.  Once your enrollment is processed, you may not be able to make any further benefit changes used the year for the complete place of your benefit choices will be sent to be fine the family allow change.  Authorize Elections  By submitting your benefit choices you are authorizing the company to be also deductions from your enrollment to your selected providers to reliable and support your coverage.  Select the Submit button to send your final choices to the Benefits Department.  Select the Submit button to send your final choices and with to return to the Enrollment Gummary.



Step	Action
	A Submit Confirmation page will open. Click OK.
3	Benefits Enrollment Submit Confirmation Susan Sample Your benefit choices have been successfully submitted to the Benefits Department. To return to the Benefits Enrollment page, use the OK button.  OK
4	Now your Benefits Enrollment Event Status should show as Submitted.  Benefits Enrollment Susan Sample After your initial enrollment, the only time you may change your benefit choices is during open enrollment or a qualified family status change. 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. Use the Select button to begin your enrollment. Note: Some events may be temporarily closed until you have completed enrollment for a prior event. Required documentation must be submitted when adding or dropping dependents to your group health and related benefits, otherwise process is not complete. Dependents will not be added without documentation.  Please refer to your Employee Benefits Guide for more information. Please click here to add documentation.
	Open Benefit Events
	Event Description Event Date Event Status Job Title
	New Hire Insurance Event (1) 02/12/2024 Submitted Specialist III Select
	After you use the Select button, it will take a few seconds for your benefits enrollment information to load.
5	You have now submitted your Benefit Elections in STARS through Employee Self Service. Should you have any additional benefits questions, please refer to your benefits
	guide and/or contact the benefits department at benefits@harriscountytx.gov