



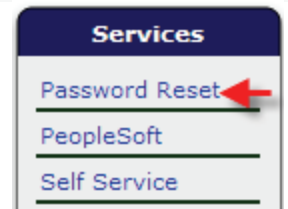
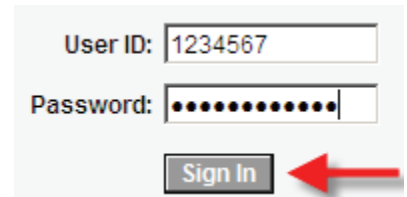
Benefit Enrollment

1. Access the District Web Site at <http://www.palmbeachschools.org/>
2. Near the top of the page, click on **Employees**.
3. On the right side of the page, click on **Self Service**.
(If you receive a message about enabling cookies, please clear your cache and return to Step #1.
If you receive an error message about security, please click **Sign Out** and return to Step #1)

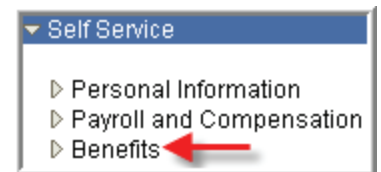


4. Enter your **User ID** and **Password** and then click on the **Sign In** button.

(If you don't know your User ID and/or Password, please click on **Password Reset** on the District Web Site, and follow the instructions.)



5. At the **Self Service Menu**, click on **Benefits**.



6. At the **Benefits Menu**, click on **Benefits Enrollment**.
Your Open Benefit Event will be displayed.



7. To access your Open Benefit Event, click on the **Select** button. The available options will be either New Hire, Rehire or Open Enrollment.

Open Benefit Events			
Event Description	Event Date	Event Status	Job Title
 01/01/2011	Open	LEADER SACC ACTIVITY	Select





Benefit Enrollment

8. You will now be able to see the benefits that will be in place after the effective date of coverage, unless you click on the **Edit** button to change your current elections.

Benefits Enrollment

Teacher, Terry

You will be able to review the cost of each benefit on the Enrollment Summary. Premiums listed are per pay period.

i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Enrollment Summary

	Medical	Before Tax	After Tax
Current:	HMO Choice 39:Empl Only		
New:	HMO Choice 39:Empl Only	0.00	
	Edit Dental	Before Tax	After Tax
Current:	High Opt Managed Care S500PB:Empl Only		
New:	High Opt Managed Care S500PB:Empl Only	8.00	

9. To choose the plan, select the **“Radio”** button next to the plan option.

HMO Choice 39 [Search for providers in this plan](#)

This Choice plan gives you the freedom to see any Physician or other health care professional from our National Network, including specialists, without a referral. In addition, you do not have to worry about any claim forms or bills.

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + Spouse	\$110.33	Before-Tax
Employee + Children	\$84.52	Before-Tax
Employee + Family	\$164.19	Before-Tax

EPO Choice [Search for providers in this plan](#)

This Choice plan gives you the freedom to see any Physician or other health care professional from our National Network, including specialists, without a referral. In addition, you do not have to worry about any claim forms or bills. The premiums are less than the HMO 39 plan however, the out of pocket expenses are higher than the HMO 39 plan. When an Regular Full-Time employee elects employee only coverage in this plan they will receive Benefit Dollars directed to a 401a plan.

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax
Employee + Spouse	\$53.87	Before-Tax
Employee + Children	\$32.39	Before-Tax
Employee + Family	\$115.62	Before-Tax



Benefit Enrollment

10. To choose the level of coverage , **“check”** the enroll box next to the dependent(s) you wish to enroll.

Enroll Your Dependents

The following list displays all individuals who you have listed as eligible to be your dependents. If an individual is missing from this list, click Add/Review Dependents to determine why they are not eligible. Make sure that Date of Birth and Social Security Number (SSN) are entered correctly for each dependent. You may also use this button to add new dependents to your list. You must provide documentation of each dependents eligibility, otherwise coverage will be cancelled. Please refer to the Flexible Benefits Plan Reference Guide for appropriate documentation and how to submit it. Continue on with your enrollment for yourself and/or your eligible dependents. Please note the Social Security Number (SSN) is now required for all dependent/beneficiaries.

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

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	Dependent Teacher	Spouse
<input checked="" type="checkbox"/>	Dependent Teacher	Son
<input type="checkbox"/>	Dependent Teacher	Son

11. To Add or Modify a dependent, click the **Add/Review Dependents** button.

Add/Review Dependents

A. To Modify a dependent, click on the dependent's name.

Doe, Jane

Relationship to Employee: Spouse

B. To Add a dependent, click **Add a dependent or beneficiary** link.

Add a dependent or beneficiary

12. When adding or modifying a dependent, you will need to populate the required fields; **First Name, Last Name, Gender, Date of Birth, SSN, and Relationship to Employee**. Once completed, click on the **Save** button.

Personal Information

*First Name: John

Middle Name:

*Last Name: Doe

Name Prefix:

Name Suffix:

*Gender: Male

Date of Birth: 10/26/2007

SSN: 123456771 (Social Security Number)

*Relationship to Employee: Son

Status Information

*Marital Status: Single As of:

Student: No As of:

Disabled: No As of:

Smoker: No As of:

Address and Telephone

Same Address as Employee

Country:

Address:

Same Phone as Employee

Phone:

* Required Field

Save



Benefit Enrollment

13. Please note that if not all of the required fields are populated on your dependent(s), they will **NOT** have coverage.

14. To continue modifying the current elections, click on the **Edit** button next to each plan type that needs to be modified until you are satisfied with your benefit elections.

Benefits Enrollment

Teacher, Terry

You will be able to review the cost of each benefit on the Enrollment Summary. Premiums listed are per pay period.

i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.

Enrollment Summary

Edit	Medical	Before Tax	After Tax
	Current: HMO Choice 39:Empl Only		
	New: HMO Choice 39:Empl Only		0.00
Edit	Dental	Before Tax	After Tax
	Current: High Opt Managed Care S500PB:Empl Only		
	New: High Opt Managed Care S500PB:Empl Only		8.00

15. Once you have completed your elections, you must click on the **Submit** button.

This table summarizes estimated costs for your new benefit choices.

	Before Tax	After Tax	Total
Your Costs	186.19	9.63	195.82

These costs do not include certain choices that are based on variable earnings.

Submit Click **Submit** to send your final choices to the Benefits Department.

i Important: Your enrollment will not be complete until you Submit your choices to the Benefits Department.



Benefit Enrollment

16. You must now attest to the changes you have made confirming that (a) these changes are what you want and (b) your dependents meet all the dependent requirements. You now have a choice to **Submit** your elections or **Cancel** them and go back to make additional changes.

Benefits Enrollment

Submit Benefit Choices

Teacher, Terry

You have almost completed your enrollment. If you have no further changes, click **Submit** at the bottom of this page to finalize your benefit choices.

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

I attest that any dependents I have listed or enrolled in a plan are eligible for the plan and our my legal dependents or properly enrolled as a domestic partner. I understand eligible child means a married/unmarried child under the age of 26 who I have/will enroll in a plan AND provide appropriate proof of my relationship. Overage Adult coverage is available for unmarried Adult Children ages 26 to 30 year of age according to Fla Statute 627.6562 (2) . A paper application form is required for Overage Adult enrollment to be finalized. I understand I am responsible for notifying the Risk and Benefits Department within 30 days of any change in the dependent's status.

Dependent Audit Verification I understand that proof of eligibility for all covered dependents must be submitted. Coverage will be terminated for any dependent for which proper documentation is not received and approved by the Risk and Benefits Management Department by the effective date of the coverage.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. Fla Statute Ch 817.234 (1) (b) (2000).

I understand that I am required to notify the Risk and Benefits Management Department within 30 days of the effective date of my benefits if premium payments are deducted for elections I have not made or if premium payments for required contributions are not deducted and reflected on my pay stub.

Authorize Elections

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

Submit Click **Submit** to send your final choices to the Benefits Department.

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

17. You now need to Confirm the submission by clicking **OK**.

Benefits Enrollment

Submit Confirmation

Your benefit choices have been successfully submitted to the Benefits Department.

To return to the Benefits Enrollment page, click **OK**.

OK