

FOLLOW THIS PATH

TO ELECT YOUR

**HCSO EMPLOYEE
BENEFITS**

**IN MUNIS EMPLOYEE
SELF-SERVICE**





Quick Links

- User Guides
- Agency Responsibility List
- Florida Statutes
- Arrest Statutes
- Crime Analysis Group Ring: 797-3810
Monday-Friday 8a-5p
- Outlook Web Access (OWA)
- Phone Extension Lists
- Jail List SO List
- Subdivision Maps
- Voicemail
- Patrol Documents
- Victim Services Pamphlet
- English Spanish

Search

Menu Search

Search...

Aciss Report Search

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Quick Reports

- Proactive Passdown
- Authorized Only
- Training Portal
- School Threat Portal
- Local Warrants Report

HCSO Systems

- ACISS Log In
- MUNIS Emp Self Service (Live)**
- MUNIS Dashboard (Live)
- WatchGuard Evidence Library

IT Tips

Phishing Emails

Be aware of emails from users outside the agency as they can be malicious, if you find any, do not click on them and report them to IT.

My Welln

Your hub for classes & p...
current wellness prog...

FOLLOW THIS LINK TO EMPLOYEE SELF-SERVICE TO LOG IN AN MAKE YOUR BENEFITS ELECTIONS.

(THIS IS ALSO THE PLACE TO UPDATE YOUR PERSONAL INFORMATION LIKE ADDRESS, PHONE NUMBERS AND EMERGENCY CONTACT INFO)

My Favorites:

- Count [Remove Favorite](#)
- MUNIS Training Dashboard [Remove Favorite](#)
- Yearly Schedule [Remove Favorite](#)
- Sendio Email Spam Filter Uses Windows Credentials [Remove Favorite](#)
- Employee Data [Remove Favorite](#)



HCSO Employee Self Service

CLICK HERE TO LOG IN

Home

Human Resources is excited to offer employees a way to view and update personal information.

2023 Benefit Enrollment Instructions

2023 Benefit Enrollment Guide



View My Benefits

Employee Self-Service Screen

View your profile information

Employee Resources

ID ME Discounts

GOV X Discounts

Update My Info

Personal Contact Information

Address, phone, & emergency contacts



Login

Username

[Forgot your username?](#)

Password

[Forgot your password?](#)

LOG IN

**You can log in here with
your HCSO User Name**

(Employee ID or First Initial
and Last Name)

HCSO PASSWORD HERE

(THE PASSWORD YOU USE TO
LOGIN EVERY DAY ON AGENCY
COMPUTERS/EMAIL)



Welcome to Employee Self Service

Employee Self Service

[Benefits](#)

[Life Events](#)

[Pay/Tax Information](#)

[Personal Information](#)

[Time Off](#)

Announcements

Welcome to the Hernando County Sheriff's Office Employee Self Service Portal

Personal Information

SIM

123

BRO

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:

Click here to go to your **BENEFITS SECTION** where you will see your current elections and start the Open Enrollment process.

[VIEW MORE](#)

Time off

Paychecks

[SHOW PAYCHECK AMOUNTS](#)



Previous paychecks

Tools

[PAYCHECK SIMULATOR](#)

[VIEW LAST YEAR'S W2](#)

[CHANGE YOUR W4](#)



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Existing Benefits

You must complete your [open enrollment](#) before 10/31/2023.

This is a listing of the BENEFITS YOU HAVE IN PLACE NOW.

HEALTH - 2023

BLUE OPTIONS 5782 - SINGLE - \$0.00



DENTAL - 2023

FLORIDA COMBINED LIFE DENTAL - SINGLE - \$0.00



VISION - 2023

HUMANA VISION CARE PLAN - SINGLE - \$2.63



LIFE INSURANCE

LIFE INSURANCE TOTAL \$190,000 - \$27.74



DEPENDENT LIFE - SPOUSE - 2023

Declined

LTB 90 DAY BUY DOWN - 2023

Declined



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Existing Benefits

 You must complete your [open enrollment](#) before 10/13/2023.



CLICK THIS LINK TO ENTER YOUR BENEFIT ENROLLMENT ELECTIONS

HEALTH - 2023 BLUE OPTIONS 5782 - SINGLE - \$0.00	▼
DENTAL - 2023 FLORIDA COMBINED LIFE DENTAL - SINGLE - \$0.00	▼
VISION - 2023 HUMANA VISION CARE PLAN - SINGLE - \$2.63	▼
LIFE INSURANCE LIFE INSURANCE TOTAL \$190,000 - \$27.74	▼
DEPENDENT LIFE - SPOUSE - 2023 Declined	
LTB 90 DAY BUY DOWN - 2023 Declined	



Open Enrollment – Make Elections

⚠ Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 10/13/2023.*

Open enrollment must be completed by October 13, 2023.

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HEALTH - 2024

Election not made
Existing benefit: BLUE OPTIONS 5782 - SINGLE – \$0.00

DECLINE NO CHANGES SELECT ▾

THIS SHOWS THAT YOU STILL NEED TO ELECT OR DECLINE

DENTAL - 2024

Election not made
Existing benefit: FLORIDA COMBINED LIFE DENTAL - SINGLE – \$0.00

DECLINE NO CHANGES SELECT ▾

FOR EACH BENEFIT YOU MUST ENTER YOUR CHOICES UNDER THE "SELECT" LINK, CHOOSE NO CHANGES, OR DECLINE BENEFIT THEN MOVE TO THE NEXT BENEFIT OPTION

VISION - 2024

Election not made
Existing benefit: HUMANA VISION CARE PLAN - SINGLE – \$2.63

DECLINE NO CHANGES SELECT ▾

USE THIS ONLY IF COVERAGE AND DEPENDENTS ALL TO REMAIN THE SAME

LIFE INSURANCE

Election not made
Existing benefit: LIFE INSURANCE TOTAL \$190,000 – \$27.74


DECLINE SELECT ▾

DEPENDENT LIFE - SPOUSE - 2024

Election not made
Existing benefit: Declined

Enrollment in this section requires enrollment in LIFE INSURANCE

Benefits – HEALTH

 Choose one or decline.

[HR Health Documents](#)

BLUE OPTIONS 5782



BLUE OPTIONS 3766



Decline



IF THERE IS MORE THAN
ONE PLAN, YOU WILL
CLICK ON THE TILE THAT
HAS THE PLAN YOU WANT.
THIS WILL BRING YOU TO
THE NEXT SCREEN.

CLICK ON THE DECLINE
TILE IF YOU DON'T WANT
THIS BENEFIT.

CANCEL

CONTINUE

Benefits – HEALTH

⚠ Choose one or decline.

[HR Health Documents](#)

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- Pay/Tax Information
- Personal Information
- Time Off

BLUE OPTIONS 5782

BLUE OPTIONS 5782 - SINGLE

Pay period employee cost \$0.00
Pay period employer cost \$472.00
Employee annual cost \$0.00
Employer annual cost \$11,328.00

CHOOSE THE COVERAGE LEVEL THAT YOU NEED BASED ON WHO YOU WISH TO INCLUDE IN THIS BENEFIT BY CLICKING ON THE RADIO BUTTON NEXT TO THAT LEVEL. YOU CAN CHOOSE ONLY ONE LEVEL.

BLUE OPTIONS 5782 - EMPLOYEE + POUSE

Pay period employee cost \$26.00
Pay period employer cost \$472.00
Employee annual cost \$624.00
Employer annual cost \$11,328.00

BLUE OPTIONS 5782 - EMPLOYEE + CHILD(REN)

Pay period employee cost \$0.00
Pay period employer cost \$472.00
Employee annual cost \$0.00
Employer annual cost \$11,328.00

BLUE OPTIONS 5782 - EMPLOYEE + FAMILY

Pay period employee cost \$26.00
Pay period employer cost \$472.00
Employee annual cost \$624.00
Employer annual cost \$11,328.00

YOU CAN MOVE TO THE OTHER PLAN CHOICES OR DELCINE BY CLICKING ON THESE TILES BELOW.


BLUE OPTIONS 3766

Decline

CANCEL

CONTINUE

Benefits – HEALTH

 Choose one or decline.

[HR Health Documents](#)

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BLUE OPTIONS 5782

- BLUE OPTIONS 5782 - SINGLE**
- | | |
|---------------------------------|---------------|
| Pay period employee cost | \$0.00 |
| Pay period employer cost | \$472.00 |
| Employee annual cost | \$0.00 |
| Employer annual cost | \$11,328.00 |

- BLUE OPTIONS 5782 - EMPLOYEE + SPOUSE**
- | | |
|---------------------------------|----------------|
| Pay period employee cost | \$26.00 |
| Pay period employer cost | \$472.00 |
| Employee annual cost | \$624.00 |
| Employer annual cost | \$11,328.00 |

Coverage must be added for exactly 1 dependent

[+ ADD NEW DEPENDENT](#)

- BLUE OPTIONS 5782 - EMPLOYEE + CHILD(REN)**
- | | |
|---------------------------------|---------------|
| Pay period employee cost | \$0.00 |
| Pay period employer cost | \$472.00 |
| Employee annual cost | \$0.00 |
| Employer annual cost | \$11,328.00 |

- BLUE OPTIONS 5782 - EMPLOYEE + FAMILY**
- | | |
|---------------------------------|----------------|
| Pay period employee cost | \$26.00 |
| Pay period employer cost | \$472.00 |

IF YOU CHOOSE ANY LEVEL OTHER THAN SINGLE COVERAGE, YOU WILL BE PROMPTED TO ADD YOUR DEPENDENTS HERE

Benefits – HEALTH -

⚠ Choose one or decline.

[HR Health Documents](#)

BLUE OPTIONS 5782

BLUE OPTIONS 5782 - SINGLE

Pay period employee cost	\$0.00
Pay period employer cost	\$472.00
Employee annual cost	\$0.00
Employer annual cost	\$11,328.00

BLUE OPTIONS 5782 - EMPLOYEE + SPOUSE

Pay period employee cost	\$26.00
Pay period employer cost	\$472.00
Employee annual cost	\$624.00
Employer annual cost	\$11,328.00

BLUE OPTIONS 5782 - EMPLOYEE + CHILD(REN)

Pay period employee cost	\$0.00
Pay period employer cost	\$472.00
Employee annual cost	\$0.00
Employer annual cost	\$11,328.00

BLUE OPTIONS 5782 - EMPLOYEE + FAMILY

Pay period employee cost	\$26.00
Pay period employer cost	\$472.00
Employee annual cost	\$624.00

JANE DOE

First name*

JANE

Middle initial

Last name*

DOE

Suffix

Date of birth*

6/7/1973

Gender

FEMALE ▼

Relationship*

SPOUSE ▼

Disabled

Social Security number*

987-65-4321

CANCEL

SAVE

YOU WILL **NEED TO ENTER ALL INFORMATION** FOR YOUR DEPENDENT AND **CLICK SAVE.**

YOU WILL REPEAT THIS PROCESS FOR **EACH DEPENDENT** FOR THIS PLAN.

WHO ARE QUALIFIED DEPENDENTS?

- LEGAL SPOUSE
- YOUR CHILDREN, STEP-CHILDREN
- SOMEONE FOR WHOM YOU ARE THE LEGAL GUARDIAN AND/OR ARE LEGALLY BOUND TO PROVIDE MEDICAL COVERAGE

WHO ARE NOT QUALIFIED DEPENDENTS?

- ANYONE ELSE (THIS INCLUDES PARENTS, SIBLINGS, OTHER FAMILY MEMBERS, UNLESS THEY QUALIFY UNDER THE LEGAL GUARDIAN ITEM ABOVE.)

Benefits – HEALTH

⚠ Choose one or decline.

[HR Health Documents](#)

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- Pay/Tax Information
- Personal Information
- Time Off

BLUE OPTIONS 5782



BLUE OPTIONS 5782 - SINGLE

Pay period employee cost \$0.00
Pay period employer cost \$472.00
Employee annual cost \$0.00
Employer annual cost \$11,328.00

BLUE OPTIONS 5782 - EMPLOYEE + SPOUSE

Pay period employee cost \$26.00
Pay period employer cost \$472.00
Employee annual cost \$624.00
Employer annual cost \$11,328.00

Coverage cannot be added for any additional dependents

✓ JANE DOE  

WHEN YOU HAVE ENTERED ALL DEPENDENTS, YOU WILL SEE THEM APPEAR ON THE SCREEN AND YOU CAN EDIT OR DELETE IF YOU MADE ANY ERROR OR NEED TO CHECK YOUR INFORMATION.

BLUE OPTIONS 5782 - EMPLOYEE + CHILD(REN)

Pay period employee cost \$0.00
Pay period employer cost \$472.00
Employee annual cost \$0.00
Employer annual cost \$11,328.00

BLUE OPTIONS 5782 - EMPLOYEE + FAMILY

Pay period employee cost \$26.00
Pay period employer cost \$472.00
Employee annual cost \$624.00
Employer annual cost \$11,328.00

BLUE OPTIONS 3766

Decline

ONCE YOU HAVE EVERYONE AND ARE SURE THEY ARE CORRECT, CLICK ON CONTINUE

CANCEL **CONTINUE**



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DENTAL - 2024

FLORIDA COMBINED LIFE DENTAL - EMPLOYEE + 2 OR MORE - \$21.20
Existing benefit: FLORIDA COMBINED LIFE DENTAL - SINGLE - \$0.00

DECLINE

EDIT

VISION - 2024

Declined
Existing benefit: HUMANA VISION CARE PLAN - SINGLE - \$2.63

EDIT

LIFE INSURANCE

LIFE INSURANCE TOTAL \$190,000 - \$27.74
Existing benefit: LIFE INSURANCE TOTAL \$190,000 - \$27.74

DECLINE

EDIT

DEPENDENT LIFE - SPOUSE - 2024

Election not made
Existing benefit: Declined

DECLINE

SELECT

DEPENDENT LIFE - CHILD - 2024

Election not made

DECLINE

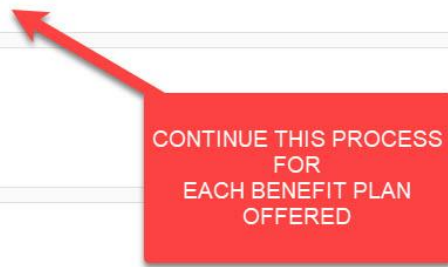
SELECT

LTB 90 DAY BUY DOWN - 2024

Election not made
Existing benefit: Declined

DECLINE

SELECT



Estimated total cost per pay period

\$358.94



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DENTAL - 2024

FLORIDA COMBINED LIFE DENTAL - EMPLOYEE + 2 OR MORE – \$21.20
 Existing benefit: FLORIDA COMBINED LIFE DENTAL - SINGLE – \$0.00

DECLINE EDIT ▾

VISION - 2024

Declined
 Existing benefit: HUMANA VISION CARE PLAN - SINGLE – \$2.63

IF YOU DECLINE THE BENEFIT, IT WILL APPEAR HERE

IF YOU DECLINE THE BENEFIT, THE "SELECT" OR "DECLINE" OPTIONS ARE REPLACED WITH AND "EDIT" OPTION.

YOU CAN GO BACK TO SELECT BY CLICKING THE "EDIT" OPTION ANYTIME BEFORE YOU COMPLETE YOUR ENROLLMENT

EDIT ▾

LIFE INSURANCE

LIFE INSURANCE TOTAL \$190,000 – \$27.74
 Existing benefit: LIFE INSURANCE TOTAL \$190,000 – \$27.74

DECLINE EDIT ▾

DEPENDENT LIFE - SPOUSE - 2024

Election not made
 Existing benefit: Declined

DECLINE SELECT

DEPENDENT LIFE - CHILD - 2024

Election not made

DECLINE SELECT

LTB 90 DAY BUY DOWN - 2024

Election not made
 Existing benefit: Declined

DECLINE SELECT

Estimated total cost per pay period

\$358.94



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DENTAL - 2024

FLORIDA COMBINED LIFE DENTAL - EMPLOYEE + 2 OR MORE – \$21.20
Existing benefit: FLORIDA COMBINED LIFE DENTAL - EMPLOYEE + 2 OR MORE – \$21.20

DECLINE EDIT ▾

VISION - 2024

Declined
Existing benefit: HUMANA VISION CARE PLAN - EMPLOYEE + 1 OR MORE – \$7.53

EDIT ▾

LIFE INSURANCE

Election not made
Existing benefit: LIFE INSURANCE TOTAL \$190,000 – \$27.74

DECLINE SELECT ▾

YOU MUST ENROLL IN VOLUNTARY LIFE TO BE ELIGIBLE TO ELECT DEPENDENT SPOUSE AND/OR CHILD(REN) LIFE COVERAGE

DEPENDENT LIFE AMOUNT: CANNOT BE MORE THAN HALF OF WHAT YOU HAVE ELECTED FOR YOURSELF...

EXAMPLE:
TO BE ELIGIBLE FOR \$10,000 FOR DEPENDENT SPOUSE OR DEPENDENT CHILD (MAX AMOUNT FOR THE BENEFIT)

YOU MUST HAVE ELECTED AT LEAST \$20,000 IN COVERAGE FOR YOURSELF.

DEPENDENT LIFE - SPOUSE - 2024

Election not made
Existing benefit: DEPENDENT LIFE INS- SPOUSE- \$10,000 – \$2.65

Enrollment in this section requires enrollment in LIFE INSURANCE ▾

DEPENDENT LIFE - CHILD - 2024

Election not made
Existing benefit: DEPENDENT LIFE INS - CHILD \$10,000 – \$1.15

Enrollment in this section requires enrollment in LIFE INSURANCE ✓

LTB 90 DAY BUY DOWN - 2024

Election not made
Existing benefit: LONG TERM DISABILITY 90 DAY BUY DOWN-PUT 0.25 IN PERCENTAGE – \$0.00

DECLINE SELECT ▾

Estimated total cost per pay period

\$47.20



Employee Self Service

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Open Enrollment – Make Elections

Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 10/13/2023.*

Open enrollment must be completed by October 13th 2023.

HEALTH - 2024

BLUE OPTIONS 5782 - EMPLOYEE + FAMILY – \$26.00
Existing benefit: BLUE OPTIONS 5782 - EMPLOYEE + FAMILY – \$26.00

DECLINE EDIT

DENTAL - 2024

FLORIDA COMBINED LIFE DENTAL - EMPLOYEE + 2 OR MORE – \$21.20
Existing benefit: FLORIDA COMBINED LIFE DENTAL - EMPLOYEE + 2 OR MORE – \$21.20

DECLINE EDIT

VISION - 2024

Declined
Existing benefit: HUMANA VISION CARE PLAN - EMPLOYEE + 1 OR MORE – \$7.53

EDIT

LIFE INSURANCE

Declined
Existing benefit: LIFE INSURANCE TOTAL \$190,000 – \$27.74

EDIT

IF YOU DECLINE LIFE INSURANCE, IT WILL DEFAULT TO DECLINE DEPENDENT LIFE OPTIONS

DEPENDENT LIFE - SPOUSE - 2024

Declined
Existing benefit: DEPENDENT LIFE INS- SPOUSE- \$10,000 – \$2.65

Enrollment in this section requires enrollment in LIFE INSURANCE



Employee Self Service

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Benefits – LIFE INSURANCE

[Evidence of Insurability Form](#)

⚠ If the amount you elect is higher than the amount you currently carry, you must download, complete and submit your Evidence of Insurability (EOI) form. Coverage increase will be effective upon approval from the carrier. If you are age 65 or older, you cannot increase your current coverage amount.

LIFE INSURANCE TOTAL \$10,000

Pay period employee cost \$1.46

Employee annual cost \$0.00

Monthly cost \$0.00

LIFE INSURANCE TOTAL \$20,000

Pay period employee cost \$2.92

Employee annual cost \$0.00

Monthly cost \$0.00

LIFE INSURANCE TOTAL \$30,000

Pay period employee cost \$4.38

Employee annual cost \$0.00

Monthly cost \$0.00

LIFE INSURANCE TOTAL \$40,000

Pay period employee cost \$5.84

Employee annual cost \$0.00

Monthly cost \$0.00

LIFE INSURANCE TOTAL \$50,000

Pay period employee cost \$7.30

Pay period employer cost \$0.00

Employee annual cost \$0.00

Employer annual cost \$0.00

**PLEASE TAKE NOTE OF
THE REQUIREMENT FOR
AN EVIDENCE OF
INSURABILITY FORM
IF YOU ARE ELECTING TO
INCREASE YOUR
COVERAGE.**

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Pay period employer cost \$0.00
 Employee annual cost \$420.48
 Employer annual cost \$0.00

LIFE INSURANCE ADDITIONAL \$130,000

Pay period employee cost \$18.98
 Pay period employer cost \$0.00
 Employee annual cost \$455.52
 Employer annual cost \$0.00

LIFE INSURANCE ADDITIONAL \$140,000

Pay period employee cost \$20.44
 Pay period employer cost \$0.00
 Employee annual cost \$490.56
 Employer annual cost \$0.00

LIFE INSURANCE ADDITIONAL \$150,000

Pay period employee cost \$21.90
 Pay period employer cost \$0.00
 Employee annual cost \$525.60
 Employer annual cost \$0.00

At least 1 beneficiary must be added

+ ADD NEW BENEFICIARY

Add existing beneficiary ▼

ADD YOUR BENEFICIARY (IES) HERE. YOU SHOULD HAVE **AT LEAST 1 PRIMARY AND 1 CONTINGENT**, BUT YOU MAY HAVE MORE.

LIFE INSURANCE ADDITIONAL \$160,000

Pay period employee cost \$23.36
 Pay period employer cost \$0.00
 Employee annual cost \$560.64
 Employer annual cost \$0.00

LIFE INSURANCE ADDITIONAL \$170,000

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Pay period employer cost \$0.00
 Employee annual cost \$420.48
 Employer annual cost \$0.00

LIFE INSURANCE ADDITIONAL \$130,000
 Pay period employee cost \$18.98
 Pay period employer cost \$0.00
 Employee annual cost \$455.52
 Employer annual cost \$0.00

LIFE INSURANCE ADDITIONAL \$140,000
 Pay period employee cost \$20.44
 Pay period employer cost \$0.00
 Employee annual cost \$490.56
 Employer annual cost \$0.00

LIFE INSURANCE ADDITIONAL \$150,000
 Pay period employee cost \$21.90
 Pay period employer cost \$0.00
 Employee annual cost \$525.60
 Employer annual cost \$0.00

LIFE INSURANCE ADDITIONAL \$160,000
 Pay period employee cost \$23.36
 Pay period employer cost \$0.00
 Employee annual cost \$560.64
 Employer annual cost \$0.00

LIFE INSURANCE ADDITIONAL \$170,000
 Pay period employee cost \$24.82

At least 1 b
 + ADD NE
 Add existi

Beneficiary type

Entity first name

Middle initial

Entity last name

Suffix

Date of birth*

Gender

Relationship

Social Security number*

Percentage*

Designation
 Primary
 Contingent

WHEN NAMING ONE BENEFICIARY IN EACH DESIGNATION, THE PERCENTAGE SHOULD BE 100.

IF NAMING MORE THAN ONE PERSON IN A DESIGNATION, THE TOTAL OF ALL SHOULD EQUAL 100%

EACH BENEFICIARY SHOULD HAVE A DESIGNATION:

PRIMARY GETS BENEFIT IF YOU PASS.

ONLY IF PRIMARY PASSES BEFORE OR SAME TIME AS YOU, WILL CONTINGENT RECEIVE BENEFIT.

CANCEL SAVE

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- LIFE EVENTS
- Pay/Tax Information
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<input type="radio"/>	LIFE INSURANCE ADDITIONAL \$120,000 Pay period employee cost \$17.52 Pay period employer cost \$0.00 Employee annual cost \$420.48 Employer annual cost \$0.00
<input type="radio"/>	LIFE INSURANCE ADDITIONAL \$130,000 Pay period employee cost \$18.98 Pay period employer cost \$0.00 Employee annual cost \$455.52 Employer annual cost \$0.00
<input type="radio"/>	LIFE INSURANCE ADDITIONAL \$140,000 Pay period employee cost \$20.44 Pay period employer cost \$0.00 Employee annual cost \$490.56 Employer annual cost \$0.00
<input checked="" type="radio"/>	LIFE INSURANCE ADDITIONAL \$150,000 Pay period employee cost \$21.90 Pay period employer cost \$0.00 Employee annual cost \$525.60 Employer annual cost \$0.00 Additional beneficiaries can be added + ADD NEW BENEFICIARY Add existing beneficiary ▾ ✓ JANE DOE (100%) ✎ 🗑️ ✓ DAVID SANDBORN (50%) ✎ 🗑️ ✓ TYLER DURDIN (50%) ✎ 🗑️
<input type="radio"/>	LIFE INSURANCE ADDITIONAL \$160,000 Pay period employee cost \$23.36 Pay period employer cost \$0.00 Employee annual cost \$560.64 Employer annual cost \$0.00
<input type="radio"/>	LIFE INSURANCE ADDITIONAL \$170,000 Pay period employee cost \$24.82 Pay period employer cost \$0.00 Employee annual cost \$595.68 Employer annual cost \$0.00
<input type="radio"/>	LIFE INSURANCE ADDITIONAL \$180,000 Pay period employee cost \$26.28 Pay period employer cost \$0.00 Employee annual cost \$630.72 Employer annual cost \$0.00
<input type="radio"/>	LIFE INSURANCE ADDITIONAL \$190,000 Pay period employee cost \$27.74 Pay period employer cost \$0.00 Employee annual cost \$665.76 Employer annual cost \$0.00
<input type="radio"/>	I Decline

VERIFY ALL BENEFICIARIES ARE LISTED WITH CORRECT AMOUNTS AND THEN CLICK CONTINUE

CANCEL CONTINUE



Employee Self Service

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DENTAL - 2024

FLORIDA COMBINED LIFE DENTAL - EMPLOYEE + 2 OR MORE – \$21.20
Existing benefit: FLORIDA COMBINED LIFE DENTAL - EMPLOYEE + 2 OR MORE – \$21.20

DECLINE EDIT

VISION - 2024

Declined
Existing benefit: HUMANA VISION CARE PLAN - EMPLOYEE + 1 OR MORE – \$7.53

EDIT

LIFE INSURANCE

LIFE INSURANCE TOTAL \$190,000 – \$27.74
Existing benefit: LIFE INSURANCE TOTAL \$190,000 – \$27.74

DECLINE EDIT

Your new election:

LIFE INSURANCE TOTAL \$190,000

HOMER SIMPSON	100%
LISA SIMPSON	100%
Pay period employee cost	\$27.74
Pay period employer cost	\$0.00
Annual employee cost	\$0.00
Annual employer cost	\$0.00
Monthly Cost	\$0.00

Your existing benefit:

LIFE INSURANCE TOTAL \$190,000

LISA SIMPSON	100%
Pay period employee cost	\$27.74
Pay period employer cost	\$0.00
Annual employee cost	\$0.00
Annual employer cost	\$0.00
Monthly Cost	\$0.00

IF YOU CLICK ON ANY OF THE TILES ONCE YOU HAVE MADE AN ELECTION, YOU CAN REVIEW THE CURRENT VS NEW TO COMPARE AND VERIFY.



DEPENDENT LIFE - SPOUSE - 2024

Declined
Existing benefit: DEPENDENT LIFE INS- SPOUSE- \$10,000 – \$2.65


EDIT

DEPENDENT LIFE - CHILD - 2024

Declined
Existing benefit: DEPENDENT LIFE INS - CHILD \$10,000 – \$1.15

EDIT

Benefits – LIFE INSURANCE

 If the amount you elect is higher than the amount you currently carry, you must download, complete and submit your Evidence of Insurability (EOI) form. Coverage increase will be effective upon approval from the carrier. If you are age 65 or older, you cannot increase your current coverage amount. [Evidence of Insurability Form](#)

LIFE INSURANCE TOTAL \$10,000
Pay period employee cost \$1.46
Employee annual cost \$0.00
Monthly cost \$0.00

LIFE INSURANCE TOTAL \$20,000
Pay period employee cost \$2.92
Employee annual cost \$0.00
Monthly cost \$0.00

LIFE INSURANCE TOTAL \$30,000
Pay period employee cost \$4.38
Employee annual cost \$0.00
Monthly cost \$0.00

LIFE INSURANCE TOTAL \$40,000
Pay period employee cost \$5.84
Employee annual cost \$0.00
Monthly cost \$0.00

LIFE INSURANCE TOTAL \$50,000
Pay period employee cost \$7.30
Pay period employer cost \$0.00
Employee annual cost \$0.00
Employer annual cost \$0.00

DON'T FORGET THE EVIDENCE OF INSURABILITY IF YOU ARE:
* INCREASING COVERAGE THIS YEAR
* ELECTING LIFE INSURANCE FOR THE FIRST TIME.



Employee Self Service

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Pay/Tax Information

Personal Information

Time Off

DENTAL

FLORIDA COMBINED LIFE DENTAL - EMPLOYEE + 2 OR MORE - \$21.20

DECLINE EDIT

VISION

Declined

EDIT

LIFE INSURANCE

LIFE INSURANCE TOTAL \$190,000 - \$27.74

DECLINE EDIT

DEPENDENT LIFE - SPOUSE

DEPENDENT LIFE INS- SPOUSE- \$10,000 - \$2.65

DECLINE EDIT

DEPENDENT LIFE - CHILD

DEPENDENT LIFE INS - CHILD \$10,000 - \$1.15


DECLINE EDIT

NOTE THAT THIS YEAR THE DEPENDENT LIFE IS ELECTED BASED ON WHO YOU ARE COVERING. SPOUSE AND CHILD(REN) ARE SEPARATE POLICIES.



- Home
- Employee Self Service
- Tasks
- Benefits**
- Open Enrollment
- Life Events
- Pay/Tax Information
- Personal Information
- Time Off

Benefits – LTB 90 DAY BUY DOWN

 Long term disability 90 day buy down

LONG TERM DISABILITY 90 DAY BUY DOWN

Pay period employee cost \$5.86
Employee annual cost \$0.00

Percentage

ENTER 0.23 HERE TO ALLOW THE PROGRAM TO MOVE FORWARD IF YOU ELECT THE BENEFIT.

I Decline

This benefit brings the wait time for the Sheriff sponsored long term disability plan down to 3 months from the original 6 month wait period.

CANCEL

CONTINUE



Employee Self Service

Benefits

Open Enrollment

Life Events

Pay/Tax Information

Personal Information

Time Off

Pay/Tax Information

Personal Information

Time Off

Open Enrollment – Make Elections

Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 10/13/2023.*

Open enrollment must be completed by October 13th 2023.

HEALTH - 2024

BLUE OPTIONS 5782 - EMPLOYEE + FAMILY – \$26.00
Existing benefit: BLUE OPTIONS 5782 - EMPLOYEE + FAMILY – \$26.00

DECLINE EDIT

DENTAL - 2024

FLORIDA COMBINED LIFE DENTAL - EMPLOYEE + 2 OR MORE – \$21.20
Existing benefit: FLORIDA COMBINED LIFE DENTAL - EMPLOYEE + 2 OR MORE – \$21.20

DECLINE EDIT

VISION - 2024

Declined
Existing benefit: HUMANA VISION CARE PLAN - EMPLOYEE + 1 OR MORE – \$7.53

EDIT

LIFE INSURANCE

LIFE INSURANCE TOTAL \$190,000 – \$27.74
Existing benefit: LIFE INSURANCE TOTAL \$190,000 – \$27.74

DECLINE EDIT

DEPENDENT LIFE - SPOUSE - 2024

Declined
Existing benefit: DEPENDENT LIFE INS- SPOUSE- \$10,000 – \$2.65

EDIT

DEPENDENT LIFE - CHILD - 2024

Declined
Existing benefit: DEPENDENT LIFE INS - CHILD \$10,000 – \$1.15

EDIT

LTB 90 DAY BUY DOWN - 2024

LONG TERM DISABILITY 90 DAY BUY DOWN-PUT 0.23 IN PERCENTAGE – \$0.00
Existing benefit: LONG TERM DISABILITY 90 DAY BUY DOWN-PUT 0.26 IN PERCENTAGE – \$0.00

DECLINE EDIT

ONCE YOU HAVE MADE ALL ELECTIONS AND DECLINED THE BENEFITS YOU DO NOT WANT, YOU CAN REVIEW YOUR PER PAYCHECK AMOUNT AND CLICK CONTINUE

Estimated total cost per pay period

\$74.94

The [paycheck simulator](#) can show how this affects your net pay.

CONTINUE

- Home
- Employee Self Service
- Benefits**
 - Open Enrollment
- Life Events
- Pay/Tax Information
- Personal Information
- Time Off

- Personal Information
- Time Off

- Personal Information
- Time Off

- Personal Information
- Time Off

Review your enrollment

HEALTH - 2024		
BLUE OPTIONS 3766 - EMPLOYEE + FAMILY		
HOMER SIMPSON		
LISA SIMPSON		
Pay period employee cost		\$310.00
Pay period employer cost		\$472.00
Annual employee cost		\$7,440.00
Annual employer cost		\$11,328.00
Monthly Cost		\$620.00
DENTAL - 2024		
FLORIDA COMBINED LIFE DENTAL - EMPLOYEE + 2 OR MORE		
HOMER SIMPSON		
LISA SIMPSON		
Pay period employee cost		\$21.20
Pay period employer cost		\$14.49
Annual employee cost		\$508.80
Annual employer cost		\$347.76
Monthly Cost		\$42.40
VISION - 2024		
Declined		
Monthly Cost		\$0.00
LIFE INSURANCE		
LIFE INSURANCE TOTAL \$190,000		
HOMER SIMPSON		
LISA SIMPSON		
Pay period employee cost		\$27.74
Pay period employer cost		\$0.00
Annual employee cost		\$665.76
Annual employer cost		\$0.00
Monthly Cost		\$55.48
DEPENDENT LIFE - SPOUSE - 2024		
DEPENDENT LIFE INS- SPOUSE- \$10,000		
HOMER SIMPSON		
Pay period employee cost		\$1.00
Annual employee cost		\$24.00
Monthly Cost		\$2.00
DEPENDENT LIFE - CHILD - 2024		
DEPENDENT LIFE INS - CHILD \$10,000		
LISA SIMPSON		
Pay period employee cost		\$1.15
Annual employee cost		\$27.60
Monthly Cost		\$2.30
LTB 90 DAY BUY DOWN - 2024		
LONG TERM DISABILITY 90 DAY BUY DOWN-PUT 0.23 IN PERCENTAGE		
Pay period employee cost		\$0.00
Annual employee cost		\$0.00
Monthly Cost		\$0.00
Election amount		0.26%
ANNUAL AMOUNTS		
TOTAL EMPLOYEE COST		\$8,666.16
PERIOD AMOUNTS		
TOTAL EMPLOYEE COST		\$361.09
TOTAL EMPLOYER COST		\$0.00

REVIEW YOUR ELECTIONS

AT THIS TIME YOU CAN MAKE ANY CHANGES NEEDED BY CLICKING THE "MODIFY" BUTTON.

IF ALL ELECTIONS ARE CORRECT, CLICK SUBMIT

YOU WILL RECEIVE AN EMAIL CONFIRMATION IN YOUR WORK EMAIL - SAVE THE CONFIRMATION EMAIL!!

IF YOU NEED TO MAKE ANY CAHNGES AFTER YOU HAVE SUBMITTED, YOU MUST CONTACT HR

CANCEL

- Home
- Employee Self Service
- Benefits**
- Open Enrollment
- Life Events
- Pay/Tax Information
- Personal Information
- Time Off
- Time Off
- Life Events
- Pay/Tax Information
- Personal Information
- Time Off
- Pay/Tax Information
- Personal Information
- Time Off

Confirmation

✔ Your enrollment was submitted successfully. You can make changes until your choices have been approved. You may want to print this page for your records.

Thank you for completing your open enrollment online process.

ONCE YOU SEE THIS MESSAGE
ON THIS SCREEN YOU MAY LOG
OUT.

YOUR ENROLLMENT IS
COMPLETE

<p>HEALTH - 2024 BLUE OPTIONS 3766 - EMPLOYEE + FAMILY HOMER SIMPSON LISA SIMPSON</p> <p>Pay period employee cost Pay period employer cost Annual employee cost Annual employer cost Monthly Cost</p>	<p>\$310.00 \$472.00 \$7,440.00 \$11,328.00 \$620.00</p>
<p>DENTAL - 2024 FLORIDA COMBINED LIFE DENTAL - EMPLOYEE + 2 OR MORE HOMER SIMPSON LISA SIMPSON</p> <p>Pay period employee cost Pay period employer cost Annual employee cost Annual employer cost Monthly Cost</p>	<p>\$21.20 \$14.49 \$508.80 \$347.76 \$42.40</p>
<p>VISION - 2024 Declined Monthly Cost</p>	<p>\$0.00</p>
<p>LIFE INSURANCE LIFE INSURANCE TOTAL \$190,000 HOMER SIMPSON LISA SIMPSON</p> <p>Pay period employee cost Pay period employer cost Annual employee cost Annual employer cost Monthly Cost</p>	<p>100% 100% \$27.74 \$0.00 \$665.76 \$0.00 \$55.48</p>
<p>DEPENDENT LIFE - SPOUSE - 2024 DEPENDENT LIFE INS- SPOUSE- \$10,000 HOMER SIMPSON</p> <p>Pay period employee cost Annual employee cost Monthly Cost</p>	<p>\$1.00 \$24.00 \$2.00</p>
<p>DEPENDENT LIFE - CHILD - 2024 DEPENDENT LIFE INS - CHILD \$10,000 LISA SIMPSON</p> <p>Pay period employee cost Annual employee cost Monthly Cost</p>	<p>\$1.15 \$27.60 \$2.30</p>
<p>LTD 90 DAY BUY DOWN - 2024 LONG TERM DISABILITY 90 DAY BUY DOWN-PUT 0.23 IN PERCENTAGE Pay period employee cost Annual employee cost Monthly Cost Election amount</p>	<p>\$0.00 \$0.00 \$0.00 0.26%</p>
<p>ANNUAL AMOUNTS TOTAL EMPLOYEE COST</p> <p>PERIOD AMOUNTS TOTAL EMPLOYEE COST TOTAL EMPLOYER COST</p>	<p>\$8,666.16 \$361.09 \$0.00</p>

You can now...

- [Make changes to your new elections](#)
- [Use other services](#)



NOW YOU CAN RELAX!

**YOUR BENEFITS ARE ALL READY FOR
THE YEAR.**

GOOD WORK!