

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

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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 Wellr

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

Human Resources is excited to now offer employees a way to view and update personal information; view, update, and print payroll and tax information; view your employee profile; and even simulate your paycheck if you make changes to deductions.

With the new system, you will be able to make the following changes:

- Add and/or update your Emergency Contact information;
- Add and/or update your Dependent information;
- Change your W-4 deductions **IMPORTANT MUST READ** *Before modifying your W4 please review the links below: IRS W4 Guidelines will determine the proper withholding please consult a tax professional. Review HR Payroll Deadlines to ensure timely processing. If not received by deadline any changes will be reflected.*



[HR Payroll Deadlines](#)
[IRS W4 Guidelines](#)

You will be able to review your Pay and Tax Information such as:

- View and print your pay checks from the last 12 months;
 - View your Year-to-Date earnings for the current and previous 4 years of earnings;
 - View and print your W-2 for the current and previous 4 years of earnings;
 - View the Paycheck Simulator which shows your rate of pay, # of hours worked, and all of your exemptions.
- With the simulator, you can change pay cycles, tax deductions, and other benefit deductions and see what your new check would look like. **This does not change your current payroll; it just shows what your new pay would be.**

The HCSO continues to incorporate the newest technologies that help you, the employee, to have information at your fingertips. With this newest program, you no longer have to contact Human Resources to update certain information or obtain verification of pay. In the future, we plan on incorporating other areas that you can update, such as your address and telephone number.

HUMAN RESOURCES CONTACT INFORMATION

Deb Tessier– HR Asst. – ext. 53664 or dtessier@hernandosheriff.org
Kirsty Kirchner–HR Generalist– ext. 53662 or kkirchner@hernandosheriff.org
Rhonda Cantu – HR Generalist – ext. 53668 or rcantu@hernandosheriff.org
Det.Michael Junker – Background Investigator – ext. 53666 or mjunker@hernandosheriff.org



Home

Login

Username

[Forgot your username?](#)

Password

[Forgot your password?](#)

LOG IN

**YOU CAN LOG IN HERE WITH
YOUR HCSO LOGIN**
(EMPLOYEE ID# OR YOUR FIRST INITIAL
AND LAST NAME)

HCSO PASSWORD HERE
(THE PASSWORD YOU USE TO LOGIN
EVERYDAY ON AGENCY SYSTEM)



Welcome to Employee Self Service

Announcements

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

[VIEW MORE](#)

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

Per

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

CA
86
HU
Ph
PE

eriff.org
@aol.com

Time off

SHOW CURRENT BALANCES

	Projected Available	Projected Earned
ANNUAL	316.75	336.25
SICK	303.75	310.00
COMP EARN	3.87	42.87
COMP PAID	0.00	0.00

SHOW TIME OFF TAKEN





- Home
- Employee Self Service
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Existing Benefits

THESE ARE THE BENEFITS YOU ALREADY HAVE IN PLACE

<p>HEALTH - 2022 BLUE OPTIONS 5782 - SINGLE - \$0.00</p>	▼
<p>DENTAL - 2022 FLORIDA COMBINED LIFE DENTAL - SINGLE - \$0.00</p>	▼
<p>VISION - 2022 HUMANA VISION CARE PLAN - SINGLE - \$2.63</p>	▼
<p>LIFE POST TAX 190K ADD - 2022 LIFE INSURANCE ADDITIONAL \$190,000 - \$27.74</p>	▼
<p>DEPENDENT LIFE - 2022 Declined</p>	
<p>LTB 90 DAY BUY DOWN - 2022 Declined</p>	

Estimated total cost per pay period \$30.37

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Existing Benefits

 You must complete your [open enrollment](#) before 10/18/2022.

HEALTH - 2022

BLUE OPTIONS 5782 - SINGLE - \$0.00



DENTAL - 2022

FLORIDA COMBINED LIFE DENTAL - SINGLE - \$0.00



VISION - 2022

HUMANA VISION CARE PLAN - SINGLE - \$2.63



LIFE POST TAX 190K ADD - 2022

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



DEPENDENT LIFE - 2022

Declined

LTB 90 DAY BUY DOWN - 2022

Declined

CLICK THIS LINK TO ENTER
YOUR ENROLLMENT
ELECTIONS

Open Enrollment – Make Elections

 Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 10/18/2022.*

Open enrollment needs to be complete

THIS SHOWS THAT YOU STILL NEED TO ELECT OR DECLINE

HEALTH - 2022

Election not made

Existing benefit: BLUE OPTIONS 5782 - SINGLE – \$0.00

DECLINE

SELECT 

DENTAL - 2022

Election not made

Existing benefit: FLORIDA COMBINED LIFE DENTAL - SINGLE – \$0.00

DECLINE

SELECT 

VISION - 2022

Election not made

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

DECLINE

SELECT 

LIFE POST TAX 190K ADD - 2022

Election not made

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

DECLINE

SELECT 

DEPENDENT LIFE - 2022

Election not made


Existing benefit: Declined

Enrollment in this section requires enrollment in LIFE POST TAX 190K ADD - 2022

FOR EACH BENEFIT, YOU MUST ENTER YOUR CHOICES UNDER THE "SELECT" LINK, OR YOU WILL DECLINE COVERAGE AND MOVE TO THE NEXT BENEFIT OPTION

- Home
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- Life Events
- Pay/Tax Information
- Personal Information
- Time Off

Benefits – HEALTH - 2022

 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 – 2022

 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 + 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  

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 - 2022

 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 - 2022

⚠ 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 - 2022

⚠ 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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Open Enrollment – Make Elections

 Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 10/18/2022.*

Open enrollment needs to be completed by October 15th 2022.


<p>HEALTH - 2022</p> <p>BLUE OPTIONS 5782 - EMPLOYEE + SPOUSE – \$26.00 Existing benefit: BLUE OPTIONS 5782 - SINGLE – \$0.00</p>	<p>DECLINE EDIT ▾</p>
<p>DENTAL - 2022</p> <p>FLORIDA COMBINED LIFE DENTAL - SINGLE – \$0.00 Existing benefit: FLORIDA COMBINED LIFE DENTAL - SINGLE – \$0.00</p>	<p>DECLINE EDIT ▾</p>
<p>VISION - 2022</p> <p>Declined Existing benefit: HUMANA VISION CARE PLAN - SINGLE – \$2.63</p>	<p>EDIT ▾</p>
<p>LIFE POST TAX 190K ADD - 2022</p> <p>LIFE INSURANCE ADDITIONAL \$150,000 – \$21.90 Existing benefit: LIFE INSURANCE ADDITIONAL \$190,000 – \$27.74</p>	<p>DECLINE EDIT ▾</p>
<p>DEPENDENT LIFE - 2022</p> <p>Declined Existing benefit: Declined</p>	<p>EDIT</p>

DECLINE
WILL
APPEAR
UNDER THE
PLAN

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

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

Open Enrollment – Make Elections

 Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 10/18/2022.*

Open enrollment needs to be completed by October 15th 2022.

HEALTH - 2022 BLUE OPTIONS 5782 - EMPLOYEE + SPOUSE – \$26.00 Existing benefit: BLUE OPTIONS 5782 - SINGLE – \$0.00	DECLINE EDIT ▾
DENTAL - 2022 FLORIDA COMBINED LIFE DENTAL - SINGLE – \$0.00 Existing benefit: FLORIDA COMBINED LIFE DENTAL - SINGLE – \$0.00	DECLINE EDIT ▾
VISION - 2022 Declined Existing benefit: HUMANA VISION CARE PLAN - SINGLE – \$2.63	EDIT ▾
LIFE POST TAX 190K ADD - 2022 Declined Existing benefit: LIFE INSURANCE ADDITIONAL \$190,000 – \$27.74	EDIT ▾
DEPENDENT LIFE - 2022 Declined Existing benefit: Declined	Enrollment in this section requires enrollment in LIFE POST TAX 190K ADD - 2022
LTB 90 DAY BUY DOWN - 2022 LONG TERM DISABILITY 90 DAY BUY DOWN-PUT 0.26 IN PERCENTAGE – \$0.00 Existing benefit: Declined	DECLINE EDIT ▾

YOU MUST ENROLL IN VOLUNTARY LIFE TO BE ABLE TO ELECT DEPENDENT LIFE COVERAGE

DEPENDENT LIFE AMOUNT: CANNOT BE MORE THAN HALF OF WHAT YOU HAVE TO COVER YOU...

EXAMPLE:
TO BE ELIGIBLE FOR \$10,000 FOR DEPENDENT LIFE (MAX AMOUNT OF THE BENEFIT)

YOU MUST HAVE AT LEAST \$20,000 IN LIFE INSURANCE COVERING YOU.

Estimated total cost per pay period \$26.00

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

CONTINUE

Open Enrollment – Make Elections

 Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 10/18/2022.*

Open enrollment needs to be completed by October 15th 2022.

HEALTH - 2022

BLUE OPTIONS 5782 - EMPLOYEE + SPOUSE – \$26.00
Existing benefit: BLUE OPTIONS 5782 - SINGLE – \$0.00

DECLINE EDIT 

DENTAL - 2022

FLORIDA COMBINED LIFE DENTAL - SINGLE – \$0.00
Existing benefit: FLORIDA COMBINED LIFE DENTAL - SINGLE – \$0.00

DECLINE EDIT 

VISION - 2022

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

EDIT 

LIFE POST TAX 190K ADD - 2022

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

EDIT 

DEPENDENT LIFE - 2022

Declined
Existing benefit: Declined

IF YOU DECLINE THE POST TAX LIFE FOR YOU, IT WILL ALSO DECLINE THE DEPENDENT LIFE FOR FAMILY.

Enrollment in this section requires enrollment in LIFE POST TAX 190K ADD - 2022

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Benefits – LIFE POST TAX 190K ADD - 2022

[Evidence of Insurability Form](#)



YOU CAN ELECT UP TO \$190,000 COVERAGE.
 IF YOU ELECT \$160,000 OR MORE, AND IT IS MORE THAN YOU CARRIED LAST YEAR, YOU WILL NEED TO COMPLETE AN EVIDENCE OF INSURABILITY FORM.
[USE THE LINK TO THE RIGHT TO DOWNLOAD THIS FORM.](#)

LIFE INSURANCE ADDITIONAL \$10,000

Pay period employee cost \$1.46
 Pay period employer cost \$0.00
 Employee annual cost \$35.04
 Employer annual cost \$0.00

LIFE INSURANCE ADDITIONAL \$20,000

Pay period employee cost \$2.92
 Pay period employer cost \$0.00
 Employee annual cost \$70.08
 Employer annual cost \$0.00

LIFE INSURANCE ADDITIONAL \$30,000

Pay period employee cost \$4.38
 Pay period employer cost \$0.00
 Employee annual cost \$105.12
 Employer annual cost \$0.00

LIFE INSURANCE ADDITIONAL \$40,000

Pay period employee cost \$5.84
 Pay period employer cost \$0.00
 Employee annual cost \$140.16
 Employer annual cost \$0.00

LIFE INSURANCE ADDITIONAL \$50,000

Pay period employee cost \$7.30

FOR 2023 ONLY:

YOU MAY ELECT UP TO \$150,000 IN COVERAGE WITHOUT ANY NEED FOR AN EVIDENCE OF INSURABILITY.

EVEN IF YOU WERE DENIED OR CARRIED LESS IN THE PAST, YOU CAN GET UP TO \$150,000 IN COVERAGE GUARANTEED.

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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 **At least 1 b**
Pay period employee cost \$21.90 **+ ADD NE**
 Pay period employer cost \$0.00
 Employee annual cost \$525.60
 Employer annual cost \$0.00
 Add existi

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

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, THIS SHOULD BE 100 FOR EACH PERSON.

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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- Pay/Tax Information
- Personal Information
- Time Off

- LIFE EVENTS
- Pay/Tax Information
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- Time Off

Employer annual cost \$0.00

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

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

Additional beneficiaries can be added

+ ADD NEW BENEFICIARY

Add existing beneficiary ▾

- ✓ JANE DOE (100%)  
- ✓ DAVID SANDBORN (50%)  
- ✓ TYLER DURDIN (50%)  

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
 Pay period employer cost \$0.00
 Employee annual cost \$595.68
 Employer annual cost \$0.00

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

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

I Decline

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

CANCEL CONTINUE

VISION - 2022

Declined

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

EDIT 

LIFE POST TAX 190K ADD - 2022

LIFE INSURANCE ADDITIONAL \$150,000 - \$21.90

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

DECLINE EDIT 

Your new election:

LIFE INSURANCE ADDITIONAL \$150,000

DAVID SANDBORN	50%
JANE DOE	100%
TYLER DURDIN	50%
Pay period employee cost	\$21.90
Pay period employer cost	\$0.00
Annual employee cost	\$525.60
Annual employer cost	\$0.00

Your existing benefit:

LIFE INSURANCE ADDITIONAL \$190,000

ALLIE HACKNEY	50%
ANTHONY CANTU	50%
Pay period employee cost	\$27.74
Pay period employer cost	\$0.00
Annual employee cost	\$665.76
Annual employer cost	\$0.00

IF YOU CLICK ON ANY TILE ONCE ELECTION IS ENTERED, YOU CAN REVIEW THE CURRENT VS NEW TO VERIFY INFORMATION.



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Benefits – LIFE POST TAX 190K ADD - 2022



LIFE INSURANCE ADDITIONAL \$10,000

Pay period employee cost \$1.46
Pay period employer cost \$0.00
Employee annual cost \$35.04
Employer annual cost \$0.00

LIFE INSURANCE ADDITIONAL \$20,000

Pay period employee cost \$2.92
Pay period employer cost \$0.00
Employee annual cost \$70.08
Employer annual cost \$0.00

LIFE INSURANCE ADDITIONAL \$30,000

Pay period employee cost \$4.38
Pay period employer cost \$0.00
Employee annual cost \$105.12
Employer annual cost \$0.00


LIFE INSURANCE ADDITIONAL \$40,000

**DON'T FORGET TO
DOWNLOAD THE
EVIDENCE OF
INSURABILITY FORM
IF YOU CHOSE \$160,000 OR
MORE AND DID NOT CARRY
THAT MUCH LAST YEAR.**

[Evidence of Insurability Form](#)

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- Tasks
- Benefits**
- Open Enrollment
- Life Events
- Pay/Tax Information
- Personal Information
- Time Off

Benefits – LTB 90 DAY BUY DOWN - 2022

 Long term disability 90 day buy down

LONG TERM DISABILITY 90 DAY BUY DOWN-PUT 0.26 IN PERCENTAGE

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

Percentage

ENTER 0.26 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

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

DENTAL - 2022

FLORIDA COMBINED LIFE DENTAL - SINGLE – \$0.00
Existing benefit: FLORIDA COMBINED LIFE DENTAL - SINGLE – \$0.00

DECLINE EDIT ▾

VISION - 2022

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

EDIT ▾

LIFE POST TAX 190K ADD - 2022

LIFE INSURANCE ADDITIONAL \$150,000 – \$21.90
Existing benefit: LIFE INSURANCE ADDITIONAL \$190,000 – \$27.74

DECLINE EDIT ▾

DEPENDENT LIFE - 2022

Declined
Existing benefit: Declined

EDIT

LTB 90 DAY BUY DOWN - 2022

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

DECLINE EDIT ▾

ONCE YOU HAVE MADE ALL ELECTIONS OR DECLINED THOSE YOU DO NOT WANT, YOU CAN **REVIEW THE TOTAL PER PAYCHECK COST AND CLICK CONTINUE**

Estimated total cost per pay period
The [paycheck simulator](#) can show how this affects your net pay.

\$47.90

CHECK OUT THE PAYCHECK SIMULATOR IF YOU WANT TO SEE HOW THESE ELECTIONS IMPACT YOUR CURRENT PAY.

CONTINUE

Review your enrollment

- Home
- Employee Self Service
- Tasks

Benefits

- Open Enrollment
- Life Events
- Pay/Tax Information
- Personal Information
- Time Off

- Personal Information
- Time Off

HEALTH - 2022

BLUE OPTIONS 5782 - EMPLOYEE + SPOUSE

JANE DOE

Pay period employee cost

Pay period employer cost

Annual employee cost

Annual employer cost

\$26.00
\$472.00
\$624.00
\$11,328.00

DENTAL - 2022

FLORIDA COMBINED LIFE DENTAL - SINGLE

Pay period employee cost

Pay period employer cost

Annual employee cost

Annual employer cost

\$0.00
\$14.49
\$0.00
\$347.76

VISION - 2022

Declined

LIFE POST TAX 190K ADD - 2022

Declined

DEPENDENT LIFE - 2022

Declined

LTB 90 DAY BUY DOWN - 2022

LONG TERM DISABILITY 90 DAY BUY DOWN-PUT 0.26 IN PERCENTAGE

Pay period employee cost

Annual employee cost

Election amount

\$0.00
\$0.00
0.26%

ANNUAL AMOUNTS

TOTAL EMPLOYEE COST

\$624.00

PERIOD AMOUNTS

TOTAL EMPLOYEE COST

TOTAL EMPLOYER COST

\$26.00
\$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 A **CONFIRMATION IN YOUR WORK EMAIL - SAVE THE CONFIRMATION EMAIL!!**

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

CANCEL

MODIFY

SUBMIT



NOW YOU CAN RELAX!

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

GOOD WORK!