



2017

**ESS ONLINE BENEFITS
ENROLLMENT INSTRUCTIONS**

Instructions for Online Benefits Enrollment

<https://munisweb.bloomingtonmn.gov/MSS/>

Online enrollment on the Employee Self Service (ESS) website can be done from any computer with internet access. For your security, the Employee Self Service website is encrypted and password protected.

What you need to get started...

During the enrollment process, you will need to have the following information available:

- Login - Your **Munis ESS login** is now the **same** as your **computer login** which is your **email** user name and password. If you have any issues logging into ESS please call I.S. at 4885.
- Your dependents' social security numbers
- Your dependents' birth dates
- If selecting either Medica Elect or Medica Essential Health Insurance, you will need your 11 digit numeric Primary Care Clinic (PCC) code as well as your dependent's numeric PCC codes. A list of codes can be found on the [Employee Links Page](#) on the City's website.
- *****NEW for 2017***** - Beneficiary Information – You will be able to update your beneficiary information for Life insurance and, if you participate in an HRA and HSA, you will be able to update the beneficiary information for those plans as well. If your beneficiary is a non-person entity then you will need the entity's tax id or a Trust number.

Step 1:

- ❖ Log in to the Employee Self Service (ESS) website:

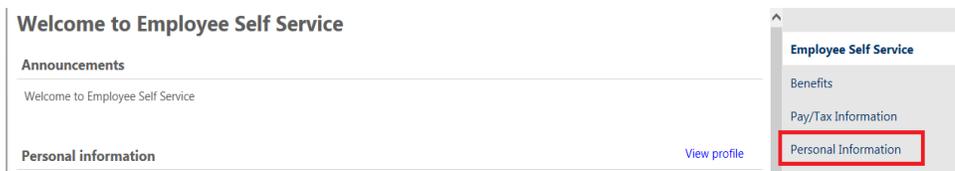
<https://munisweb.bloomingtonmn.gov/MSS/>



Step 2:

IMPORTANT If you are insuring dependents, you must first Click on “Personal Information” to ensure that all dependents are listed and the information for each dependent includes the correct Social Security number, birthdates, and addresses. Make sure to check addresses carefully if anyone has moved in the last year.

- ❖ Select the Personal Information button on the right side of the screen



- ❖ If you need to add a dependent, select the Add Dependent button and enter your dependents' information

Dependents					Add Dependent
Name	Relationship	Date Of Birth	Gender	Student	

Step 3:

- ❖ Click on the Benefits Tab on the right. Your benefits screen will open and you will see your current 2016 benefits which includes Employer paid benefits like basic life Insurance and long term disability Insurance. If you have optional supplemental, spouse, PERA, or child life Insurance, these will also be displayed. Click on the **open enrollment** link to select your 2017 Benefits.

Benefits

Current Year Elections Report/View Life Events

! You must complete your open enrollment before 11/18/2016.

Benefit	Current Election
HEALTH INSURANCE	HRA HIGH DED - ELECT - FAMILY \$59.25 details
DENTAL INSURANCE	DENTAL - FAMILY \$19.55 details
HRA - \$1,750 CITY CONTRIBUTION	HRA CITY CONTRIBUTION \$1,750 \$0.00 details
HSA EMPLOYEE CONTRIBUTION	Declined
FSA - FULL MEDICAL	FSA - FULL MEDICAL - EMPLOYEE & DEPENDENT(S) \$67.30 details
FSA - VISION/DENTAL ONLY	Declined
FSA - DEPENDENT CARE (DAYCARE)	Declined
BASIC LIFE INSURANCE	BASIC LIFE INSURANCE - EMPLOYER PAID \$0.00 details
SUPPLEMENTAL LIFE INSURANCE	SUPPLEMENTAL LIFE INSURANCE - EMPLOYEE PAID \$7.50 details
SPOUSE LIFE INSURANCE	SPOUSE LIFE INSURANCE - EMPLOYEE PAID \$18.75 details
CHILD LIFE INSURANCE	CHILD LIFE INSURANCE - EMPLOYEE PAID \$1.00 details
	PERA LIFE INSURANCE - FMPI OFF PAID

Employee Self Service

Benefits

Open Enrollment

Pay/Tax Information

Personal Information

Time Off

Time Entry

Step 4:

- ❖ Click on **Make New Election** for HEALTH INSURANCE. Please note that after clicking **Make New Election**, you may need to scroll to the top of the screen by using your scroll bar or the "Page Up" key on your key board to see the Health Insurance options displayed at the top of the screen.

Open Enrollment

Make Elections

Make a selection for each benefit, then click "Continue". You must submit this enrollment by 11/18/2016.

Benefit	Current Election	New Election
HEALTH INSURANCE	HRA HIGH DED - ELECT - FAMILY \$59.25 details	Election Not Made Make New Election
DENTAL INSURANCE	DENTAL - FAMILY \$19.55 details	Election Not Made Make New Election
HRA - \$1,750 CITY CONTRIBUTION	HRA CITY CONTRIBUTION \$1,750	Election Not Made Decline benefit Make New Election

Employee Self Service

Benefits

Open Enrollment

Pay/Tax Information

Personal Information

Time Off

Time Entry

Step 5:

- ❖ Click the plus sign to expand the Medica Choice Passport, Medica Elect, or Medica Essential sections. Once you expand each section, you will see that there are nine options under each section – a total of 27 different Health Insurance plans in all. (If you do not see the three Medica sections displayed, please make sure you have scrolled to the top of the screen.)

Benefits
HEALTH INSURANCE [Link to Medica Website](#) Employee Self Service

Please select a provider network (Choice Passport, Elect, or Essential), then a plan design (HRA, HSA, or Copay), and finally a coverage level (Employee Only, Two Person, or Family).

- MEDICA CHOICE PASSPORT
- MEDICA ELECT**
- MEDICA ESSENTIAL
- WAIVE COVERAGE
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00

Continue **Cancel**

Benefits
Open Enrollment
Pay/Tax Information
Personal Information
Time Off
Time Entry

Step 6:

- ❖ After choosing either “MEDICA CHOICE PASSPORT”, “MEDICA ELECT”, or “MEDICA ESSENTIAL”, you will need to select your level of coverage and type of plan. The plans are listed in order of the three different levels of coverage – Employee Only, Two Person, or Family. There is an option of either the **HRA** High Deductible plan, the **HSA** High Deductible plan, or the **Co-Pay** plan for each level of coverage. If you select one of the MEDICA **ELECT** or MEDICA **ESSENTIAL** plans, you will also need to enter the 11 digit numeric Primary Care Clinic (PCC) code in the box that says “PLEASE ENTER NUMERIC CLINIC CODE”

COPAY PLAN - ELECT - TWO PERSON
Annual Costs: Employee Cost \$0.00 / Employer Cost \$15,643.92
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$651.83
PLEASE ENTER NUMERIC CLINIC CODE.:

HRA HIGH DED - ELECT - FAMILY
Annual Costs: Employee Cost \$264.72 / Employer Cost \$16,380.24
Pay Period Costs: Employee Cost \$11.03 / Employer Cost \$682.51
PLEASE ENTER NUMERIC CLINIC CODE.:

HSA HIGH DED - ELECT - FAMILY
Annual Costs: Employee Cost \$122.88 / Employer Cost \$16,380.24
Pay Period Costs: Employee Cost \$5.12 / Employer Cost \$682.51
PLEASE ENTER NUMERIC CLINIC CODE.:

COPAY PLAN - ELECT - FAMILY
Annual Costs: Employee Cost \$6,598.32 / Employer Cost \$16,380.24
Pay Period Costs: Employee Cost \$274.93 / Employer Cost \$682.51
PLEASE ENTER NUMERIC CLINIC CODE.:

MEDICA ESSENTIAL

WAIVE COVERAGE
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00

SIMPSON, HOMER P [Add coverage](#) | [Add new dependent](#)

Coverage must be added for at least 2 dependents.

There are no dependents to disolav.

Employee Self Service
Benefits
Open Enrollment
Pay/Tax Information
Personal Information
Time Off
Time Entry

Step 7:

- ❖ If you choose either a Two Person or Family plan, you will need to enter your dependent information (and dependent’s numeric PCC code if you are selecting either an Elect or Essential plan). If you select an Employee Only plan, you can proceed to Step 10.
- ❖ Once you have added your dependent names and information in the Personal Information tab on ESS (See Step 2), you can select your dependent from the drop down box and then click on “Add Coverage”.

Step 8:

- ❖ Enter your dependent information in the box provided. Then click OK. Numeric Clinic PCC codes are only required for Elect and Essential plans.

HOMER P SIMPSON

First name * HOMER

Middle initial P

Last name * SIMPSON

Suffix

Date of birth * 12/2/1975 x

Gender * MALE

Relationship * SPOUSE

SSN # (include dashes) 111-11-1111

PLEASE ENTER NUMERIC CLINIC CODE. * 0000004242

OK

Cancel

Step 9:

- ❖ Once you enter the dependents that you wish to cover click the Continue button at the bottom of the screen.

Coverage can be added for additional dependents.

Name	Date of Birth	ID	
BART J SIMPSON	10/2/2006	222-22-2222	Change Delete
HOMER P SIMPSON	12/2/1975	111-11-1111	Change Delete
LISA M SIMPSON	8/10/2008	333-33-3333	Change Delete
MAGGIE E SIMPSON	10/2/2015	444-44-4444	Change Delete

Continue Cancel

Step 10:

❖ Click **Make New Election** next to **DENTAL INSURANCE**.

Open Enrollment

Make Elections

Make a selection for each benefit, then click "Continue". *You must submit this enrollment by 11/18/2016.*

Benefit	Current Election	New Election	
HEALTH INSURANCE	HRA HIGH DED - ELECT - FAMILY \$59.25 details	Election Not Made	Make New Election
DENTAL INSURANCE	DENTAL - FAMILY \$19.55 details	Election Not Made	Make New Election
HRA - \$1,750 CITY CONTRIBUTION	HRA CITY CONTRIBUTION \$1,750 \$0.00 details	Election Not Made	Decline benefit Make New Election

- Employee Self Service
- Benefits**
- Open Enrollment**
- Pay/Tax Information
- Personal Information
- Time Off
- Time Entry

Step 11:

❖ Select the **Employee Only, Two Person, or Family Delta Dental** insurance plan. If you select **Two Person** or **Family**, you will need to also designate your dependents. When finished, click **continue**.

Benefits

DENTAL INSURANCE

[Link to Delta Dental of MN](#)

- DENTAL - EMPLOYEE ONLY
Annual Costs: Employee Cost \$0.00 / Employer Cost \$475.44
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$19.81
- DENTAL - TWO PERSON
Annual Costs: Employee Cost \$237.60 / Employer Cost \$713.28
Pay Period Costs: Employee Cost \$9.90 / Employer Cost \$29.72
- DENTAL - FAMILY
Annual Costs: Employee Cost \$469.20 / Employer Cost \$944.64
Pay Period Costs: Employee Cost \$19.55 / Employer Cost \$39.36
- DENTAL WAIVED
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00

[Add coverage](#) [Add new dependent](#)

Coverage can be added for additional dependents.

Name	Date of Birth	ID	
BART J SIMPSON	10/2/2006	222-22-2222	Change Delete
HOMER P SIMPSON	12/2/1975	111-11-1111	Change Delete
LISA M SIMPSON	8/10/2008	333-33-3333	Change Delete

[Continue](#) [Cancel](#)

- Employee Self Service
- Benefits**
- Open Enrollment**
- Pay/Tax Information
- Personal Information
- Time Off
- Time Entry

Step 12:

- ❖ [HRA \\$1750 City Contribution](#) or [HSA \\$1750 City Contribution](#) – You **MUST** be enrolled in the **HRA High Deductible Health Plan** or the **HSA High Deductible plans** to select one of these options, respectively. The City will deposit \$1750 into your account in January.

Benefits

HSA - \$1,750 CITY CONTRIBUTION

The City will contribute \$1,750 into the employee's Health Savings Account. Deposit of full \$1,750 will be made in January. Please select you beneficiaries.

HSA CITY CONTRIBUTION \$1,750
Annual Costs: Employee Cost \$0.00 / Employer Cost \$1,750.00
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$1,750.00

I Decline

[Add new beneficiary](#)

Employee Self Service

Benefits

- Open Enrollment
- Pay/Tax Information
- Personal Information
- Time Off
- Time Entry

- ❖ *****NEW FOR 2017***** You are now able to enter your beneficiaries for your HSA or your HRA account. First, Click on “Decline Benefit” or “Make New Election.”
- ❖ If you elect this coverage, please add your beneficiary. You will need to enter the Beneficiary type, either person or non-person entity. If it is a person you will need their name and birthdate and the percentage that you wish that person to receive. For a Non-person entity you will need the entity name and its tax ID number. If you do not have that number you will not be able to enter that entity. If you have questions regarding this please call Mary Heinz 952-563-4899 for assistance.

Add a new beneficiary

Beneficiary type	<input type="text" value="Person"/>
First name *	<input type="text" value="Homer"/>
Middle initial	<input type="text" value="J"/>
Last name *	<input type="text" value="Simpson"/>
Suffix	<input type="text"/>
Date of birth *	<input type="text" value="12/2/1975"/>
Gender	<input type="text" value="MALE"/>
Relationship	<input type="text" value="SPOUSE"/>
SSN # (include dashes)	<input type="text" value="111-11-1111"/>
Percentage *	<input type="text" value="100"/>
Designation	<input checked="" type="radio"/> Primary <input type="radio"/> Contingent
	<input type="button" value="OK"/> <input type="button" value="Cancel"/>

Step 13:

❖ **HSA Employee Contribution** – You **MUST** be enrolled in an HSA High Deductible Health Plan to select this option. Click on “Decline Benefit” or “Make New Election.”

- **PER PAY PERIOD amounts** must be entered
- Maximum varies depending on your age and whether or not you have dependents.
 - Employee Only under age 55 – Maximum contribution is \$63.46 per pay period (\$1,650 annual)
 - Employee Only age 55 and over – Maximum contribution is \$101.92 per pay period (\$2,650 annual)
 - Employee under age 55 with Dependent(s) – Maximum contribution is \$192.30 per pay period (\$5,000 annual)
 - Employee age 55 and over with Dependent(s) – Maximum contribution is \$230.76 per pay period (\$6,000 annual)

Benefits

HSA EMPLOYEE CONTRIBUTION

Employees enrolled in an HSA High Deductible plan may elect to contribute up to the following amounts per pay period: Employee Only \$63.46, Employee Only age 55+ \$101.92, Employee with Dependents \$192.30, Employee age 55+ with Dependents \$230.76.

HSA EMPLOYEE CONTRIBUTION - EMPLOYEE ONLY
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Amount :

HSA EMPLOYEE CONTRIBUTION FOR AGE 55+ EMPLOYEE ONLY
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Amount :

HSA EMPLOYEE CONTRIBUTION-EMPLOYEE & DEPENDENT(S)
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Amount :

HSA EMPLOYEE CONTRIBUTION FOR AGE 55+ EMP & DEPENDENT(S)
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Amount :

I Decline

SIMPSON, HOMER P **Add coverage** Add new dependent

Step 14:

❖ **Flex-Medical** You **CANNOT** be enrolled in an **HSA** High Deductible Health Plan and select this option. *If you are enrolling in the HSA High Deductible plan, please see Step 15 below if you are interested in enrolling in a “limited purpose” FSA (vision, dental, and medical once the regulatory minimum has been satisfied).*

- ❖ The Medical FSA can be used for medical, vision, dental, and other eligible expenses in conjunction with only the \$30 Co-Pay Plan or the HRA High Deductible Health Plans. The money expires at the end of the calendar year – i.e. “Use it or lose it”. Click on either “**Decline Benefit**” or “**Make New Election**”.
 - **PER PAY PERIOD amounts** must be entered
 - Maximum is \$98.07 per pay period, minimum is \$5 per pay period. (Maximum election is equivalent to \$2,550 annual amount divided by 26 pay periods)

Benefits
FSA - FULL MEDICAL

This FSA can be used for medical, vision, dental, and other eligible expenses so long as you are not enrolled in an HSA medical plan. Please indicate amount to be withheld PER PAY PERIOD, not annually. Maximum amount allowed is \$98.07 per pay period.

FSA - FULL MEDICAL - EMPLOYEE ONLY
 Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
 Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00
 Amount: 0

FSA - FULL MEDICAL - EMPLOYEE & DEPENDENT(S)
 Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
 Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00
 Amount: \$0.00

I Decline

[Add new dependent](#)

Coverage can be added for additional dependents.

Name	Date of Birth	ID	
HOMER P SIMPSON	12/2/1975	111-11-1111	Change Delete
RARI J SIMPSON	10/2/2006	??-??-????	Change Delete
LISA M SIMPSON	8/10/2008	333-33-3333	Change Delete

Step 15:

- ❖ **FLEX – VISION/DENTAL (HSA ONLY!)** You **MUST** be enrolled in an **HSA High Deductible Health Plan** to select this option. This limited purpose FSA is for those employees who would like to set aside additional money over the HSA maximum limits. It is not deposited into your HSA Account. It is a separate account that expires at the end of the year – i.e. “Use it or lose it”. Click on “**Decline Benefit**” or “**Make New Election**”.

- **PER PAY PERIOD amounts** must be entered
- Maximum is \$98.07 per pay period, minimum is \$5 per pay period. (Maximum election is equivalent to \$2,550 annual amount divided by 26 pay periods)
- Primarily for Vision and Dental expenses
 - However, medical claims can be processed through this account only after the IRS regulatory minimum qualified deductibles of \$1,300 for employee only or \$2,600 for Employee with dependent(s) have been satisfied.

Benefits
FSA - VISION/DENTAL ONLY

This FSA is only for those enrolled in an HSA High Deductible plan. It may only be used for VISION and DENTAL expenses or if you have exceeded the regulatory minimum for health expenses per HSA Rules. Maximum contribution is \$98.07 per pay period.

FSA - VISION/DENTAL (HSA ONLY) - EMPLOYEE ONLY
 Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
 Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00
 Amount: 0

FSA - VISION/DENTAL (HSA ONLY) - EMPLOYEE & DEPENDENT(S)
 Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
 Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00
 Amount: 0

I Decline

[Add new dependent](#)

Coverage can be added for additional dependents.

Name	Date of Birth	ID	
BART J SIMPSON	10/2/2006	222-22-2222	Change Delete
LISA M SIMPSON	8/10/2008	333-33-3333	Change Delete
HOMER P SIMPSON	12/2/1975	111-11-1111	Change Delete

Step 16:

❖ **FSA- Dependent Care (Daycare) For the Dependent Care Flexible Spending Account (FSA) Benefits** click on **“Decline Benefit”** or **“Make New Election.”** *Note: when a dependent turns 13 years of age, they become ineligible for this plan; you are responsible for notifying HR when this occurs mid-year.*

- **PER PAY PERIOD amounts** must be entered for flexible spending accounts.
- Flexible Dependent Care - Maximum is \$192.30 per pay period. (Maximum election is equivalent to \$5,000 annual amount divided by 26 pay periods.)

Benefits
FSA - DEPENDENT CARE (DAYCARE)

Employee must re-elect each year. Flexible Spending Account (FSA) can be used for qualified dependent care expenses for children under age 13. Indicate amount to be withheld PER PAY PERIOD, not annually. Maximum allowed is \$192.30 per pay period.

DEPENDENT CARE FSA - FLEXIBLE SPENDING ACCT (DAYCARE)
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Amount :

I Decline

[Add coverage](#) [Add new dependent](#)

Coverage can be added for additional dependents.

Name	Date of Birth	ID	
LISA M SIMPSON	8/10/2008	333-33-3333	Change Delete
MAGGIE E SIMPSON	10/2/2015	444-44-4444	Change Delete

Employee Self Service
Benefits
Open Enrollment
Pay/Tax Information
Personal Information
Time Off
Time Entry

Step 17:

❖ **Basic Life Insurance – This employer paid benefits provides \$50,000 of life and \$50,000 of Accidental Death and Dismemberment (AD&D) on employees who are full-time.**

- Select “Make New Election”, then
- Select Basic Life Insurance, then
- Click “Add New Beneficiary”
- Add Beneficiary(ies) as you did in Step 12.
- Select Continue

Benefits
BASIC LIFE INSURANCE

This is an employer paid benefit of \$50,000 of basic life and \$50,000 of accidental death and dismemberment insurance for all full-time employees.

BASIC LIFE INSURANCE - EMPLOYER PAID
Annual Costs: Employee Cost \$0.00 / Employer Cost \$78.00
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$6.50

[Add beneficiary](#) [Add new beneficiary](#)

Additional beneficiaries can be added.

Name	Date of Birth	ID	Percentage	
HOMER J SIMPSON	12/2/1975	111-11-1111	0	Change Delete

Employee Self Service
Benefits
Open Enrollment
Pay/Tax Information
Personal Information
Time Off
Time Entry

Step 18:

❖ **Supplemental Life Insurance** - This is Employee paid additional life insurance on yourself from \$15,000 up to \$370,000. Select one of the following:

- **“Decline Benefit”** If you do not wish to participate in Supplemental life
- **“No Changes”** Select this option if you are currently participating in Supplemental life but you do not wish to make a change.
- **“Make New Election”** - Select this option if you wish to purchase additional life insurance on yourself. Enter the amount of coverage you desire, in \$5,000 increments. Please complete an Evidence of Insurability (Health History) Form and forward to Human Resources in a sealed envelope. Forms can be found at the [Employee Links on the City's Website](#) .

Benefits
SUPPLEMENTAL LIFE INSURANCE [Link to required forms](#)

This is optional, employee-paid supplemental life insurance. Must be purchased in \$5,000 increments between \$15,000-\$370,000. Age based cost. New enrollees or increases of coverage require evidence of insurability form. Current 2016 rates displayed.

SUPPLEMENTAL LIFE INSURANCE - EMPLOYEE PAID
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Amount : 370000

I Decline

Employee Self Service

Benefits

- Open Enrollment
- Pay/Tax Information
- Personal Information
- Time Off
- Time Entry

Step 19:

❖ **Spouse Life Insurance** This is Employee paid additional life insurance on your spouse from \$15,000 up to \$150,000. Select one of the following:

- **“Decline Benefit”** If you do not wish to participate in Spouse life
- **“No Changes”** Select this option if you are currently participating in spouse life but you do not wish to make a change.
- **“Make New Election”** - Select this option if you wish to purchase additional life insurance on your spouse. Enter the amount of coverage you desire, in \$5,000 increments. Please complete an Evidence of Insurability (Health History) Form for your spouse and forward to Human Resources in a sealed envelope. Forms can be found at the [Employee Links on the City's Website](#) .

Benefits
SPOUSE LIFE INSURANCE [Link to required forms](#)

This is optional, employee-paid spouse life insurance. Must be purchased in \$5,000 increments between \$15,000-\$150,000. Age based cost. New enrollees or increases of coverage require evidence of insurability form. Current 2016 rates displayed.

SPOUSE LIFE INSURANCE - EMPLOYEE PAID
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Amount : 150000

I Decline

Employee Self Service

Benefits

- Open Enrollment
- Pay/Tax Information
- Personal Information
- Time Off
- Time Entry

Step 20:

- ❖ **Child Life Insurance** – This is Employee paid additional life insurance on your child (children) from birth to age 26. The amount of coverage is \$10,000. The cost is \$1.00/month. Select one of the following:
 - **“Decline Benefit”** If you do not wish to participate in child life
 - **“No Changes”** Select this option if you are currently participating in child life but you do not wish to make a change.
 - **“Make New Election”** - Select this option if you wish to purchase child life. No Health History is needed for this 2017 open enrollment opportunity.

Benefits

CHILD LIFE INSURANCE

This is an optional, employee-paid benefit which provides \$10,000 of life insurance for dependent children through age 26. Cost is \$1 per month regardless of number of dependents. No health history or forms needed for open enrollment.

CHILD LIFE INSURANCE - EMPLOYEE PAID
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00

I Decline

Employee Self Service

Benefits

Open Enrollment

Pay/Tax Information

Personal Information

Time Off

Time Entry

Step 21:

- ❖ **Long Term Disability Insurance** - This is an Employer paid benefit to receive up to 60% of your monthly income if you are disabled 90 days or more.
 - Select “Make New Election”.
 - Select Long Term Disability Insurance
 - Select Continue

Benefits

LONG TERM DISABILITY

This is an employer paid benefit for all full-time employees. Employees may receive up to 60% of base monthly earnings if disabled 90 days or more.

LONG TERM DISABILITY INSURANCE - EMPLOYER PAID
Annual Costs: Employee Cost \$0.00 / Employer Cost \$229.56
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$19.13

Step 22:

- ❖ [Voluntary Short Term Disability Insurance](#) - This is an employee paid benefit used for income replacement upon becoming disabled. Payments begin at day 15 through day 89 for your disability. You may elect coverage up to 60% of your weekly base income. Amounts are purchased in \$100 increments not to exceed 60% of your weekly based income or \$1,800. See the Vol. Short Term Disability packet for more detailed information on the [Employee Links on the City's Website](#).
-
- ❖ You may elect coverage in \$100 increments not to exceed 60% of your income or \$1,800
 - **“Decline Benefit”** If you do not wish to participate in child life
 - **“No Changes”** Select this option if you are currently participating in child life but you do not wish to make a change.
 - **“Make New Election”** - Select this option if you wish to purchase child life. Please Complete the Voluntary Short Term Disability form found at the [Employee Links on the City's Website](#) and return to Human Resources in a sealed envelope.

Benefits
SHORT TERM DISABILITY [Link to required forms](#) Employee Self Service

This is an optional, employee-paid benefit. Employee must complete an evidence of insurability form. See link for form and information. Requires approval from Madison Nat'l Life. Must select in \$100 increments no more than 60% of monthly salary.

SHORT TERM DISABILITY INSURANCE - EMPLOYEE PAID
Annual Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Pay Period Costs: Employee Cost \$0.00 / Employer Cost \$0.00
Amount :

I Decline

Benefits
Open Enrollment
Pay/Tax Information
Personal Information
Time Off
Time Entry

Step 23:

After all elections are made (including Decline Benefit on any benefits that don't apply), click Continue to advance to the next screen.

Step 24:

❖ **Review your Enrollment Choices.** All selected benefits will be listed showing both the pay period and annual costs for the Employee and Employer. Note that Health and Dental amounts are deducted twice a month, while Flexible Spending amounts are deducted every pay check. **This visual is split over 2 pages.**

Review your enrollment

Review

HEALTH INSURANCE

ELECTION - HSA HIGH DED - ELECT - FAMILY

BART J SIMPSON

HOMER P SIMPSON

LISA M SIMPSON

MAGGIE E SIMPSON

Pay Period Employee Cost	\$5.12
Pay Period Employer Cost	\$682.51
Annual Employee Cost	\$122.88
Annual Employer Cost	\$16,380.24

DENTAL INSURANCE

ELECTION - DENTAL - FAMILY

BART J SIMPSON

HOMER P SIMPSON

LISA M SIMPSON

Pay Period Employee Cost	\$19.55
Pay Period Employer Cost	\$39.36
Annual Employee Cost	\$469.20
Annual Employer Cost	\$944.64

HRA - \$1,750 CITY CONTRIBUTION

ELECTION - Declined

HSA - \$1,750 CITY CONTRIBUTION

ELECTION - HSA CITY CONTRIBUTION \$1,750

HOMER J SIMPSON

100%

PATTY P BOUVIER

100%

Pay Period Employee Cost	\$0.00
Pay Period Employer Cost	\$1,750.00
Annual Employee Cost	\$0.00
Annual Employer Cost	\$1,750.00

ELECTION - HSA EMPLOYEE CONTRIBUTION-EMPLOYEE & DEPENDENT(S)

BART J SIMPSON

HOMER P SIMPSON

LISA M SIMPSON

MAGGIE E SIMPSON

Pay Period Employee Cost	\$192.30
Pay Period Employer Cost	\$0.00
Annual Employee Cost	\$4,999.80
Annual Employer Cost	\$0.00
Election amount	\$192.30

FSA - FULL MEDICAL

ELECTION - Declined

FSA - VISION/DENTAL ONLY

ELECTION - FSA - VISION/DENTAL (HSA ONLY!) - EMPLOYEE & DEPENDENT(S)

BART J SIMPSON

HOMER P SIMPSON

LISA M SIMPSON

MAGGIE E SIMPSON

Pay Period Employee Cost	\$98.07
Pay Period Employer Cost	\$0.00
Annual Employee Cost	\$2,549.82
Annual Employer Cost	\$0.00
Election amount	\$98.07

FSA - DEPENDENT CARE (DAYCARE)

ELECTION - DEPENDENT CARE FSA - FLEXIBLE SPENDING ACCT (DAYCARE)

LISA M SIMPSON

MAGGIE E SIMPSON

Pay Period Employee Cost	\$192.30
Pay Period Employer Cost	\$0.00
Annual Employee Cost	\$4,999.80
Annual Employer Cost	\$0.00
Election amount	\$192.30

- Employee Self Service
- Benefits**
 - Open Enrollment
 - Pay/Tax Information
 - Personal Information
 - Time Off
 - Time Entry

BASIC LIFE INSURANCE	
ELECTION - BASIC LIFE INSURANCE - EMPLOYER PAID	
HOMER J SIMPSON	100%
Pay Period Employee Cost	\$0.00
Pay Period Employer Cost	\$6.50
Annual Employee Cost	\$0.00
Annual Employer Cost	\$78.00
SUPPLEMENTAL LIFE INSURANCE	
ELECTION - Declined	
SPOUSE LIFE INSURANCE	
ELECTION - SPOUSE LIFE INSURANCE - EMPLOYEE PAID	
Pay Period Employee Cost	\$37.50
Pay Period Employer Cost	\$0.00
Annual Employee Cost	\$450.00
Annual Employer Cost	\$0.00
Election amount	\$150,000.00
CHILD LIFE INSURANCE	
ELECTION - CHILD LIFE INSURANCE - EMPLOYEE PAID	
Pay Period Employee Cost	\$1.00
Pay Period Employer Cost	\$0.00
Annual Employee Cost	\$12.00
Annual Employer Cost	\$0.00
LONG TERM DISABILITY	
ELECTION - LONG TERM DISABILITY INSURANCE - EMPLOYER PAID	
Pay Period Employee Cost	\$0.00
Pay Period Employer Cost	\$19.13
Annual Employee Cost	\$0.00
Annual Employer Cost	\$229.56
SHORT TERM DISABILITY	
ELECTION - SHORT TERM DISABILITY INSURANCE - EMPLOYEE PAID	
Pay Period Employee Cost	\$18.25
Pay Period Employer Cost	\$0.00
Annual Employee Cost	\$438.00
Annual Employer Cost	\$0.00
Election amount	\$500.00
TOTAL PAY PERIOD EMPLOYEE COST	\$564.09
TOTAL ANNUAL EMPLOYEE COST	\$14,041.50

Submit Choices
Modify
Cancel

Click on Modify, if you need to make any changes. If you are finished, click on the Submit Choices button to finish your Open Enrollment selections. **Do not forget to SUBMIT CHOICES when you are done. You may wish to print your completed elections at this point.** Once HR has approved your selections, you will not be able to make changes Online. If your selections have been approved and you realize that you need to make a change (and it is before the Open Enrollment deadline of 11/18/16), please contact Mary Heinz at ext. 4899 or mheinz@bloomingtonmn.gov.

Step 25:

- ❖ Log out of Employee Self Service. Select the down arrow next to the employee name in the upper right hand corner of the screen and click on “Log Out”. Close the internet browser window.

