



SHARON R. BOCK
Clerk & Comptroller
Palm Beach County



FIRE RESCUE EMPLOYEE BENEFIT FUND CHANGES

Employee Self-Service

[Abstract](#)

Employee Benefit changes using ESS (Employee Self-Service) in PeopleSoft.

April Ornelas

Aornelas@mypalmbeachclerk.com

TABLE OF CONTENTS

Table of Contents	2
Employee Self-Service	3
County Benefits Section.....	4
Enrollment Summary	5
Benefits - If changes are needed	7
TO CHANGE MEDICAL:	7
ADD A NEW DEPENDENT:	8
DENTAL:	10
LEGAL SERVICES:	12
Submitting Enrollment	13
Important Reminders	16

- ✚ To make benefit changes login to [MyBenefits](#) portal:



- ✚ Enter your SIM User ID and Password
- ✚ Click on the Sign In button.
- ✚ With any issues logging in; contact the Helpdesk at 561-616-6940 for SIM assistance. Or submit a ticket to the [SharePoint](http://pbcportal/pbcfr/it-committee/Lists/WorkRequest/NewForm.aspx) site: <http://pbcportal/pbcfr/it-committee/Lists/WorkRequest/NewForm.aspx>

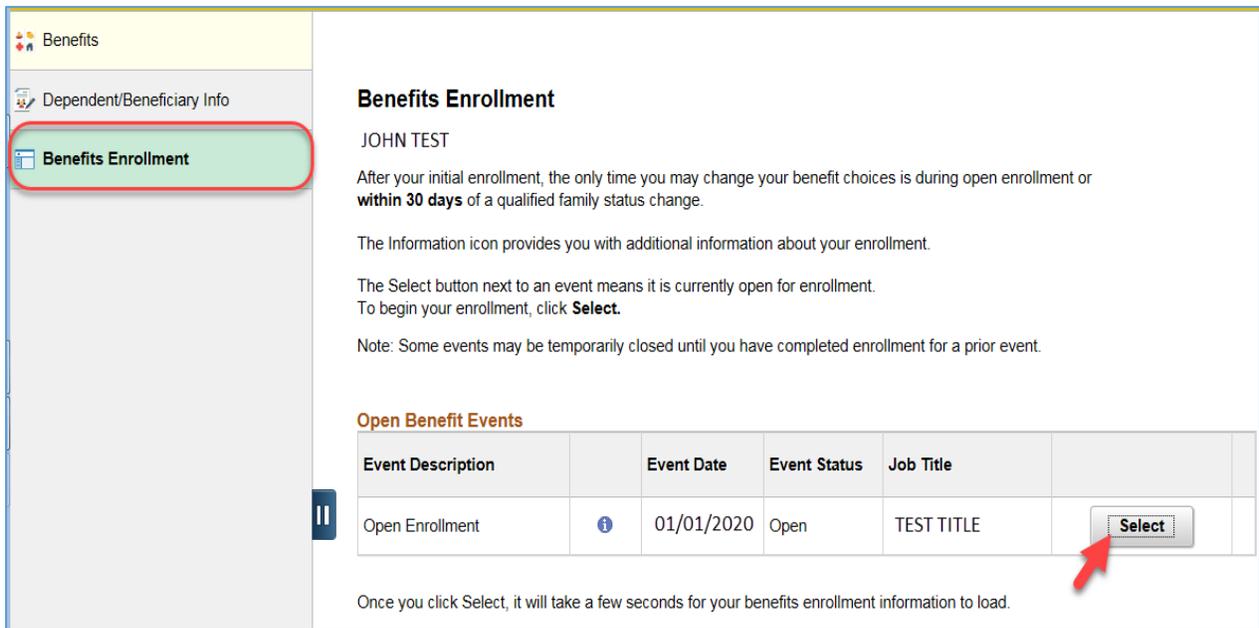


COUNTY BENEFITS SECTION

- Click on the **County Benefits** Tile to open your benefits summary.



- Click on **Benefits Enrollment** option from the Navigation Bar.
- Carefully read the updates for Plan Year 2020 concerning your benefits.
- Scroll down and click on **Select** to begin the enrollment process.
- Only Medical, Dental and Legal changes will be available during Open Enrollment. For other benefit inquiries contact PBC Firefighter Benefit Fund office at 561-969-6663.

A screenshot of the 'Benefits Enrollment' page. On the left is a navigation sidebar with three items: 'Benefits', 'Dependent/Beneficiary Info', and 'Benefits Enrollment' (which is highlighted with a red rounded rectangle). The main content area is titled 'Benefits Enrollment' and shows the name 'JOHN TEST'. Below the name is a paragraph of text: 'After your initial enrollment, the only time you may change your benefit choices is during open enrollment or within 30 days of a qualified family status change.' This is followed by two more paragraphs of text. Below the text is a section titled 'Open Benefit Events' containing a table. The table has five columns: 'Event Description', 'Event Date', 'Event Status', 'Job Title', and an empty column. The first row of data shows 'Open Enrollment', '01/01/2020', 'Open', and 'TEST TITLE'. A 'Select' button is located in the empty column of this row, and a red arrow points to it. Below the table is a note: 'Once you click Select, it will take a few seconds for your benefits enrollment information to load.'

ENROLLMENT SUMMARY

The **Enrollment Summary** shows all available benefit options offered to employees. The data shown for each benefit under "Current" reflects the options selected for the current plan year. The information shown under "New" will be your benefit for the upcoming plan year. The **Election Summary** displays the estimated pay period deductions for enrollment choices made for the upcoming plan year.

 If you do not have any benefit changes, click the button below **I Have No Changes** and submit.

Benefits Enrollment
Open Enrollment

Open enrollment is your annual opportunity to modify your benefit choices. You will be able to review the cost of each benefit on the Enrollment Summary.

i **Important: Your enrollment will not be complete until you Submit your choices to Human Resources/Benefits.**

Enrollment Summary

Medical	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Fire Rescue Health PPO PreTax:EE+3			
New: Fire Rescue Health PPO PreTax:EE+3		273.00	
Dental	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Fire Rescue Dental 1 PPO:Emp+Ch			
New: Fire Rescue Dental 1 PPO:Emp+Ch		55.56	
Legal Services	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Pre-Paid Legal Plan			
New: Pre-Paid Legal Plan		7.98	

This table summarizes estimated costs for your new benefit choices.

Election Summary

Row Label	Total	Before Tax	After Tax	Employer	
Costs	336.54	328.56	7.98	597.33	
Your Costs	336.54	328.56	7.98		

Click **Submit** to send your final choices to the Benefits Department.
 Or click the **I Have No Changes** button if you are happy with your prior elections and do not want to make any changes.

i **Important: Your enrollment will not be complete until you Submit your choices to Human Resources/Benefits.**

Click on the **Edit** button for the **Medical** section.

Benefits Enrollment

Open Enrollment

JOHN TEST

Open enrollment is your annual opportunity to modify your benefit choices.
You will be able to review the cost of each benefit on the Enrollment Summary.

i Important: Your enrollment will not be complete until you Submit your choices to Human Resources/Benefits.

Enrollment Summary

Medical

Current: Fire Rescue Health PPO PreTax:EE+3+ (4Z)
New: Fire Rescue Health PPO PreTax:EE+3

Before Tax After Tax

267.00

Edit

Dental

Current: Fire Rescue Dental 1 PPO:EE+Family
New: Fire Rescue Dental 1 PPO:EE+Family

Before Tax After Tax

74.34

Edit

Legal Services

Current: No Coverage
New: No Coverage

Before Tax After Tax

Edit

This table summarizes estimated costs for your new benefit choices.

Election Summary

Row Label	Total	Before Tax	After Tax	Employer
Costs	341.34	341.34	0.00	585.56
Your Costs	341.34	341.34	0.00	

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 Human Resources/Benefits.

BENEFITS - IF CHANGES ARE NEEDED

TO CHANGE MEDICAL:

Click on the radio button next to the plan option of your choice; the cost shows the pay period deduction for your selection.

Click on the **enroll** box to **Add/Review Dependents** (if necessary). The selected checked boxes below in the **Dependent Beneficiary** section will determine the coverage level.

Benefits Enrollment

Medical

JOHN TEST

All of our health plan options promote wellness as part of their benefits and are available to protect you and your dependents if you become sick or injured.
Note: If you are enrolling dependents in the health plan, you must provide each dependent's social security number.
Verification of eligibility for new dependents must be provided to Fire Fighters Benefits Fund Office

i Important! Your current coverage is: Fire Rescue Health PPO PreTax with EE + 3 Dependents (4) coverage. If you do not make a choice, your coverage will be: Fire Rescue Health PPO PreTax with EE + 4 Dependents (5Z) coverage

Select an Option
Here Are Your Available Options With Your Costs:

[Overview of all Plans](#)

Select one of the following plans:

Fire Rescue Health PPO PreTax

Coverage Level	Your Costs	Tax Class
Employee Only	\$98.00	Before-Tax
Employee + 1 Dependent (2)	\$205.00	Before-Tax
EE + 2 Dependents (3A)	\$234.00	Before-Tax
EE + 3 Dependents (4)	\$273.00	Before-Tax
EE + 4 Dependents (5Z)	\$283.00	Before-Tax
EE + 5 Dependents (6Z)	\$293.00	Before-Tax
EE + 6 Dependents (7Z)	\$303.00	Before-Tax
EE + 7 Dependents (8Z)	\$313.00	Before-Tax
EE + 8 Dependents (9Z)	\$323.00	Before-Tax
EE + 9 Dependents (10)	\$333.00	Before-Tax

FR Health (Employer Paid)

Election to reject medical coverage

Coverage Level	Your Costs	Tax Class
Employee Only	\$0.00	Before-Tax

Enroll Your Dependents
The following list displays your dependents. If a dependent is missing from this list, click Add/Review Dependents.
You may enroll any of the following dependents for coverage under this plan by checking the **Enroll** box next to the dependent's name.
To remove any currently enrolled dependents, uncheck the **Enroll** box next to the dependent's name.

Dependent Beneficiary

Enroll	Name	Relationship
<input checked="" type="checkbox"/>	TEST CHILD 1	Child
<input checked="" type="checkbox"/>	SPOUSE TEST	Spouse
<input checked="" type="checkbox"/>	TEST CHILD 2	Child
<input checked="" type="checkbox"/>	TEST CHILD 3	Child

Previously enrolled dependents will appear.

Add/Review Dependents

Continue **Cancel**

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.
Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

ADD A NEW DEPENDENT:

- Click on the **Add a dependent or beneficiary** button.

Add/Review Dependent/Beneficiary
JOHN TEST

The people listed may be eligible for Benefit Coverage. Select a name to view or modify personal information. To add a dependent or beneficiary, select the 'Add a dependent or beneficiary' pushbutton.

Dependent Information

Name	Relationship to Employee	Date of Birth	Marital Status	Marital Status Date	Student	Disabled	Dependent	Beneficiary
Spouse Test	Spouse		Unknown		No	No	Yes	Yes
Child Test 1	Child		Unknown		No	No	Yes	Yes
Child Test 2	Child		Unknown		No	No	Yes	Yes
Child Test 3	Child		Unknown		No	No	Yes	Yes

Add a dependent or beneficiary 

[Return to Event Selection](#)

- Enter the following **required** fields for your new dependent:
First Name, Last Name, Date of Birth, Gender, Social Security Number, Relationship to Employee, Marital Status
- Click on the **Save** button.
- Click **OK** on the Save Confirmation pop up screen to return to the **add/Review Dependent/Beneficiary** page.

Dependent/Beneficiary Personal Information
JOHN TEST

Select Save once you have added your Dependent/Beneficiary's personal information. This information will go into effect as of Jan 1.

Personal Information

*First Name
Middle Name
*Last Name
Name Prefix 
Name Suffix 
Date of Birth 
*Gender 
Social Security Number
*Relationship to Employee 

Status Information

*Marital Status  As of 
*Student  As of 
*Disabled  As of 
*Smoker  As of 

Address and Telephone

Same Address as Employee
Country United States
Address

Same Phone as Employee
Phone

Save  
[Return to Event Selection](#)

Social Security Number is only required for enrolling dependents for medical insurance (life insurance, dental, or etc. are not required)

Personal Information

Save Confirmation

 The Save was successful.

OK 

- When complete then click on the **Return to Event Selection** link. The newly added **Dependent Beneficiary** will reflect in the **Dependent Beneficiary** section. Please see example below.

Dependent Beneficiary

Enroll	Name	Relationship
<input type="checkbox"/>	TEST CHILD 1	Child
<input checked="" type="checkbox"/>	SPOUSE TEST	Spouse
<input checked="" type="checkbox"/>	TEST CHILD 2	Child
<input checked="" type="checkbox"/>	TEST CHILD 3	Child

- Click the check box to enroll the newly added Dependent/Beneficiary.
- Click on **Continue** to store your choices and return to the Enrollment Summary page.
- Click **OK** to store your choices. If you need to make changes to a selection, click the **Edit** button once you return to the **Benefits Enrollment** Summary page

Benefits Enrollment

Medical
JOHN TEST

Important: Your enrollment will not be complete until you Submit your choices to Human Resources/Benefits.

Your Choice
You have chosen **Fire Rescue Health PPO PreTax**. You are covering **EE + 4 Dependents (5Z)**.

Your Estimated per-pay-period Cost

Your Cost	\$277.00
-----------	----------

Your Covered Dependents

Name	Relationship
NEW CHILD TEST	Child
SPOUSE TEST	Spouse
CHILD TEST 1	Child
CHILD TEST 2	Child

Notes
Once submitted, this choice will take effect on 1/01/2020. Deductions for this choice will start with the pay period beginning 12/21/19.

Click **OK** to store your choices.
If you need to go back and change your choices after clicking **OK**, you may click the **Edit** button once you return to the Enrollment Summary page.

DENTAL:

- Click on the Edit button for the Dental section.

Enrollment Summary

Medical		Before Tax	After Tax	<input type="button" value="Edit"/>
Current:	Fire Rescue Health PPO PreTax:EE+3+ (4Z)			
New:	Fire Rescue Health PPO PreTax:EE+3		267.00	
Dental		Before Tax	After Tax	<input type="button" value="Edit"/>
Current:	Fire Rescue Dental 1 PPO:EE+Family			
New:	Fire Rescue Dental 1 PPO:EE+Family		74.34	
Legal Services		Before Tax	After Tax	<input type="button" value="Edit"/>
Current:	No Coverage			
New:	No Coverage			

- Click on the radio button next to the plan option of your choice; the cost shows the pay period deduction for your choice.

- When a change in coverage is selected the new cost will display indicating covered dependents, if any.

Dental

JOHN TEST

Dental coverage allows you and your dependents to have routine cleaning visits and receive services such as the installation of fillings and crowns.

Important! Your current coverage is: Fire Rescue Dental 1 PPO with Employee + Family coverage. You will continue with this coverage if you do not make a choice.

Select an Option
Here Are Your Available Options With Your Costs:

[Overview of all Plans](#)

Select one of the following plans:

Fire Rescue Dental 1 PPO

Coverage Level	Your Costs	Tax Class
Employee Only	\$21.05	Before-Tax
Employee + Spouse	\$44.33	Before-Tax
Employee + Child(ren)	\$55.56	Before-Tax
Employee + Family	\$74.34	Before-Tax

Fire Rescue Dental 2 HMO

Coverage Level	Your Costs	Tax Class
Employee Only	\$5.63	Before-Tax
Employee + Spouse	\$9.85	Before-Tax
Employee + Child(ren)	\$12.19	Before-Tax
Employee + Family	\$15.48	Before-Tax

Waive

Enroll Your Dependents
The following list displays your dependents. If a dependent is missing from this list, click Add/Review Dependents.

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

To remove any currently enrolled dependents, uncheck the Enroll box next to the dependent's name.

Dependent Beneficiary

Enroll	Name	Relationship
<input type="checkbox"/>	CHILD TEST 3	Child
<input checked="" type="checkbox"/>	SPOUSE TEST	Spouse
<input checked="" type="checkbox"/>	CHILD TEST 1	Child
<input checked="" type="checkbox"/>	CHILD TEST 2	Child

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

- Previously enrolled dependents will appear in the **Enroll Your Dependents** section. You may Add/Review Dependents, as needed, as previously instructed for the Medical section.

Enroll Your Dependents
 The following list displays your dependents. If a dependent is missing from this list, click Add/Review Dependents.

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

To remove any currently enrolled dependents, uncheck the Enroll box next to the dependent's name.

Dependent Beneficiary

Enroll	Name	Relationship
<input type="checkbox"/>	CHILD TEST 3	Child
<input checked="" type="checkbox"/>	SPOUSE TEST	Spouse
<input checked="" type="checkbox"/>	CHILD TEST 1	Child
<input checked="" type="checkbox"/>	CHILD TEST 2	Child

Add/Review Dependents

Continue **Cancel**

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

- Click **Continue**. Your plan choice and dependents will appear.

- Click **Ok**.

Benefits Enrollment

Dental
 JOHN TEST

i **Important: Your enrollment will not be complete until you Submit your choices to Human Resources/Benefits.**

Your Choice
 You have chosen **Fire Rescue Dental 1 PPO**. You are covering **Employee + Family**.

Your Estimated per-pay-period Cost

Your Cost **\$74.34**

Your Covered Dependents

Name	Relationship
SPOUSE TEST	Spouse
CHILD TEST 1	Child
CHILD TEST 2	Child

Notes
 Once submitted, this choice will take effect on 01/01/2020. Deductions for this choice will start with the pay period beginning 12/21/2019.

OK **Cancel**

Click **OK** to store your choices.
 If you need to go back and change your choices after clicking **OK**, you may click the **Edit** button once you return to the Enrollment Summary page.

Click on **Cancel** will return you to the Dental Coverage options

LEGAL SERVICES:

- If you elect to have **Pre-Paid Legal**. (optional)
- Click on the **Edit** button for the **Legal Services** section.

Enrollment Summary		Before Tax	After Tax	Edit
Medical				
Current:	Fire Rescue Health PPO PreTax:EE+3+ (4Z)			
New:	Fire Rescue Health PPO PreTax:EE+3		267.00	
Dental				
Current:	Fire Rescue Dental 1 PPO:EE+Family			
New:	Fire Rescue Dental 1 PPO:EE+Family		74.34	
Legal Services				
Current:	No Coverage			
New:	No Coverage			

- Click on the **Pre-Paid Legal Plan** radio button.

Benefits Enrollment

Legal Services

JOHN TEST

i Important! Your current coverage is: No Coverage. You will continue with this coverage if you do not make a choice.

Select an Option

The cost for this plan is \$7.98.

No, I do not want to enroll.

Pre-Paid Legal Plan

Click **Continue** to store your choice until you are ready to submit your final enrollment on the Enrollment Summary.

Click **Cancel** to ignore all entries made on this page and return to the Enrollment Summary.

- Review your selection and click **OK**.

Benefits Enrollment

Legal Services

JOHN TEST

i Important: Your enrollment will not be complete until you Submit your choices to Human Resources/Benefits.

Your Choice

You have chosen Pre-Paid Legal Plan coverage.
The cost for this plan is \$7.98.

Notes

Once submitted, this choice will take effect on 01/01/2020.

Click **OK** to store your choices.
If you need to go back and change your choices after clicking **OK**, you may click the **Edit** button once you return to the Enrollment Summary page.

SUBMITTING ENROLLMENT

- ✚ **Any Errors and Warnings** will appear as determined by the system. Errors must be corrected to submit. Warnings serve as a reminder
- ✚ Once you have selected and reviewed all of your benefit options, click on the **Submit** button.

Benefits Enrollment

Open Enrollment

JOHN TEST

Open enrollment is your annual opportunity to modify your benefit choices. You will be able to review the cost of each benefit on the Enrollment Summary.

i Important: Your enrollment will not be complete until you Submit your choices to Human Resources/Benefits.

Enrollment Summary

Medical	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Fire Rescue Health PPO PreTax:EE+3			
New: Fire Rescue Health PPO PreTax:EE+4 (5Z)		283.00	
Dental	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Fire Rescue Dental 1 PPO:Emp+Ch			
New: Fire Rescue Dental 1 PPO:Emp+Ch		55.56	
Legal Services	Before Tax	After Tax	<input type="button" value="Edit"/>
Current: Pre-Paid Legal Plan			
New: Pre-Paid Legal Plan		7.98	

This table summarizes estimated costs for your new benefit choices.

Election Summary

Row Label	Total	Before Tax	After Tax	Employer
Costs	346.54	338.56	7.98	597.33
Your Costs	346.54	338.56	7.98	

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 Human Resources/Benefits.

Carefully read the important text concerning your benefits choices.

Benefits Enrollment

Submit Benefit Choices

JOHN TEST

You have almost completed your enrollment. If you have no further changes, select the **Submit** button on this page to finalize your benefit choices.

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

Do not submit your benefit choices until you have completed your enrollment. You may store your choices on each page and return to the Enrollment Summary as many times as you'd like up until your enrollment deadline. However, once you click Submit your benefit choices will be sent to Human Resources/Benefits for processing.

Once your enrollment is processed, you may not be able to make any further benefit changes until the next Open Enrollment period or if you have a qualified family status change.

Authorize Elections

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

Submit

Cancel

Click **Submit** to send your final choices to Human Resources/Benefits.

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

✚ Click **Submit**.

✚ Submit Confirmation window opens. Then click **OK**.

Saving Page

Submit Confirmation

JOHN TEST

OK

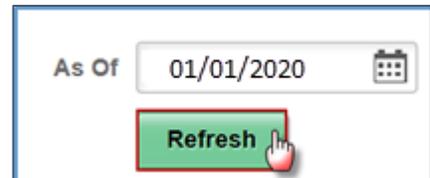
After PBC Firefighters Employee Benefits Fund office has finalized the Open Enrollment event in My Benefits (which takes several days) your **My Benefits** will no longer be available for Open Enrollment entry. To review your finalized choices for the upcoming Plan year, follow these steps:

✚ Select **Benefits** from the left **Navigation Bar**.



✚ Enter **01/01/2020** in the **As Of** date field.

✚ Click Refresh.



My Benefits

JANE EMPLOYEE
TECHNICAL AIDE

Benefits

As Of

Type of Benefit	Plan Description	Coverage or Participation	
Medical	County HMO - Pre Tax	Employee Only	
Dental	DHMO Pre Tax	Employee Only	
Life	County Basic Life	\$25000	
County Supplemental Life		Waived	
Dependent Life		Waived	
Spousal Life	County Spousal Life 25K	\$25000	
Short-Term Disability		Waived	
Long-Term Disability	HMO Basic 50% LTD	50% of Salary	
Section 457	County Nationwide 457	\$200 Before Tax	
Florida Retirement System	FRS BCC Invest Plan Reg Employ	3% of Earnings	

Click on the arrows to see more information about your selection.

IMPORTANT REMINDERS

Remember you must **finalize and submit your elections by November 29, 2019**. If you have already submitted your elections and wish to make a change, contact the **PBC Firefighters Employee Benefits Fund** office at 561-969-6663 or the **Benefit Fund website** www.myffbenefits.com.

Submit the required dependent verification documentation to your PBC Firefighters Employee Benefits Fund office for newly added dependents, no later than Dec 12.

On or after **Nov 30** closely review the open enrollment **confirmation statement online** and notify PBC Firefighters Employee Benefits Fund office of any errors immediately and in **no event later than December 21, 2019**.

Any errors or discrepancies that were included in your open enrollment confirmation statement and were not be **reported to your group insurance office by 12/21/19** cannot be corrected after this date.

If you have any questions or need assistance with your insurance options, contact PBC Firefighters Employee Benefits Fund Office at:

Fire Rescue Employee Benefit Fund	Tel: 561-969-6663	Fax: 561-966-7760
--------------------------------------	-------------------	-------------------

If you have any questions regarding plan coverage for Legal please contact the County Human Resources Retirement Coordinator at:

Legal Services – Retirement Coordinator	Tel: 561-616-6884	Fax: 561-616-6893
--	-------------------	-------------------