

# **Orange County Government**

# Qualifying Life Events Self-Service User Guide

Setf-Service Employee Information
User ID I Password Sign III
Important Visiter. Access to the system is real-cade to authorized sures only. Integraceate use film system is probable and could be subject to displaying integraceate use film system is properly of Clarge Could.

Human Resources Division 450 E. South Street Orlando, FL 32801-2816 <u>Benefits@ocfl.net</u> 407-836-5661

Updated 02/29/2024



# Table of Contents

Where to Access the System
Updating Your Benefits Enrollment5
1. Select the Proper Qualifying Event (Required)5
2. Process Overview
Resuming Your Qualifying Event7
3. Verifying Qualifying Event Status8
4. Upload the Proper Documentation (Required)9
Documentation Tips:12
5. Await System Approval (Required)13
a. Approval Email13
b. Denial Email14
6. Review Current Benefit Summary and Dependent Benefits (Optional)
7. Update Dependents16
8. Update Tax Withholding (Optional)18
9. Update Direct Deposit (Optional)19
10. Update Benefit Enrollment (Required)20
a. Review Open Enrollment Documentation20
b. Select Submit21
11. Review Updated Benefits Statement23
12. Submit/Complete Benefits Enrollment (Required)24
13. Making Corrections/Additional Support24



This user guide is designed to walk you through successfully updating your Orange County Government benefits for the following qualified life events:

- New Married
- Birth of a Child
- Adoption/Legal Custody/Guardianship
- Divorce
- Gain of Coverage
- Loss of Coverage

Reference your <u>Employee Benefits Handbook</u> for applicable supporting documentation requirements including dependent documentation.

If you have questions or need assistance, please contact Human Resources at (407) 836-5661 or Benefits@ocfl.net.

#### IMPORTANT: This is a two-step process.

- 1. First you will upload and submit your documentation for review.
- 2. Upon approval, you will log back into myOCPortal to add/remove/change your covered dependent information (if applicable) **AND** to update your new benefit elections.

**WARNING**: Click "complete" **after** you've made all of your requested benefits changes in step 2. If you click the complete button too soon or more than one, this will delay your enrollment request.

## Where to Access the System

From a county computer, log in to myOCPortal (<u>https://myocportal.ocfl.net/</u>) using your Employee ID and password.

my OC Portal
Self-Service Employee Information
User ID *
Password *
Sign In



Once logged in, select the "Benefits Detail" tile:

~ Employ	vee Self Service	<u>ଲେ ୯ :</u> ୧
Open Enrollment	Payroll	Personal Details
No Enrollment Available At This Time	• (3) •	2
	Last Pay Date 11/19/2021	
•		
Benefit Details Total Rewards		
My Total Compensation & Benefits		

On the next screen, select "Life Events – Start a Life Event"

C Employee Self Service	Benefit [	Details	<sub>ଜ</sub> ር :
Benefits Summary	Benefits Statement	Benefits Enrollment	Dependent/Beneficiary Info
Life Events	View Form 1095-C	Form 1095-C Consent	Benefits Attachment



# Updating Your Benefits Enrollment

### 1. Select the Proper Qualifying Event (Required)

K Benefit Details	Life Events	ŵ	Q	:	Ø
Benefits Summary Life Events  Form 1095-C Consent	There are some events that involve you as the Employee or your family members. Review the choices and select the appropriate Event. Then enter the date of your event. Employee				
1	Newly Married         Birth of a Child         Adoption/Legal Custody/Guardianship         Divorced         Gain of Coverage         Loss of Coverage         *As of				
	3 Start Life Event	ections.	_		

- 1. Select the appropriate qualifying life event.
- 2. Enter the date the qualifying life event **occurred**. Ensure the correct date is entered if entered incorrectly, you will have to cancel and restart the process.
  - The date can be entered in the MM/DD/YYYY format or you can select the date using the calendar icon to the right of the date box.
- 3. Select "Start Life Event"

**NOTE:** This process must be completed within 60 days of your qualified life event. For extenuating circumstances, contact Human Resources at (407) 836-5661 or via <u>Benefits@ocfl.net</u> to determine whether you qualify for an extension.

For illustration purposes only, the following example represents an adoption life event.

👸 Life Events	Review the choices and select the appropriate Event. Then enter the date of your event.
Form 1095-C Consent	Employee <ul> <li>Newly Married</li> <li>Birth of a Child</li> </ul> <li>Adoption/Legal Custody/Guardianship <ul> <li>Divorced</li> <li>Gain of Coverage</li> <li>Loss of Coverage</li> </ul> </li>
	*As of 12/01/2021



### 2. Process Overview

Navigation: Top of screen, from left to right.

- Exit: Leaves qualifying event and saves progress to resume at a later time.
- Cancel: Cancels/deletes the entire qualifying life event.
- **Next:** Progress to the next section.

× Exit	Adoption Event	:
		Cancel Next >
* Welcome to the Adoption 1 Event © Complete	Welcome to the Adoption Event	
Adoption Date	This is a good time to consider how having a new dependent may affect your health care coverage, life insurance, tax withholdings and other important choices. This guide will take you through all the steps necessary to ensure that your personal profile and benefits information is updated to reflect this event in your life.	Cancel deletes the ENTIRE qualified life event
O Not Started	*The Life Event must be completed within 60 days of your qualifying event or you will not be eligible to change your Benefit elections.	
O Not Started	Each page's status is automatically updated to	
Dependent/Beneficiary Inf	reflect viewed or complete.	
Pay and Compensation     O Not Started		
O Not Started	Cannot be accessed until	
O Not Started	step #3 is approved.	
Benefits Statements O Not Started		

#### Steps:

- 1. Opening Window Event Overview
- 2. **Event Date** Confirm Date from previous screen
- 3. Document Upload Attach required documentation
  - Refer to the *Eligibility and Rules* section of your <u>Employee Benefits Handbook</u> for dependent documentation requirements.
- 4. Benefits Summary Review current summary to identify which changes you'd like to make
- 5. Dependent/Beneficiary Info Review/Update dependents, if applicable
- 6. **Pay & Compensation** Update tax withholdings, if applicable
- 7. Direct Deposit Update direct deposit, if applicable
- 8. **Benefit Enrollment** Once qualifying life event is approved, update benefit enrollment selections. Once completed, click submit.
- 9. Benefits Statements Review updated benefits statement incorporating new elections



#### Resuming Your Qualifying Event

#### If you "Exit" My OC Portal saving your progress, these are the steps to resume:

- 1. Log back into My OC Portal.
- 2. Select the "Benefit Details" Tile.
- 3. Select the "Life Events" Tab.
- 4. Screen should appear like the one below saying (event in progress). Select "Continue Life Event"

🙀 Life Events	Review the choices and select the appropriate Event. Then enter the date of your event.
Form 1095-C Consent	Employee          Newly Married         Birth of a Child         Adoption/Legal Custody/Guardianship(event in progress)         Divorced         Gain of Coverage         Loss of Coverage
	*As Of 12/01/2021



### 3. Verifying Qualifying Event Status

After you've started your event, the first step is to confirm your qualifying life event and date. The first two tabs may vary in name depending on your qualifying life event. To continue, select the next tab on the left or select "Next" in the top right corner.

× Exit	Adoption Event
	Cancel Next >
* Welcome to the Adoption Event © Complete	Task: Welcome to the Adoption Event
Adoption Date O Not Started	This is a good time to consider how having a new dependent may affect your health care coverage, life insurance, tax withholdings and other important choices.
Document Upload O Not Started	This guide will take you through all the steps necessary to ensure that your personal profile and benefits information is updated to reflect this event in your life.
Benefit Summary O Not Started	* The Life Event must be completed within 60 days of your qualifying event or you will not be eligible to change your Benefit elections.

On the next tab, confirm your date is correct. Verify the date matches the event. IF THIS DATE IS WRONG, select "Cancel" and restart the event. That is the only way to make the correction. If everything is correct, select "Submit".

× Exit	Adoption Event	:
		Cancel
Welcome to the Adoption Event     Omplete	Adoption Date	
Adoption Date <ul> <li>Visited</li> </ul>	Select the Submit button to notify the Benefits department of this ch Required Documentation: You must upload a copy of the Adoptior Proof of Legal Guardianship and a copy of the social security card o	Verify the date is correct. If incorrect, select "Cancel" and restart the Qualifying Event.
Document Upload O Not Started	After the required documentation is received, the Benefits department enrollment is open. Then you can add your new dependent(s) to you	
Benefit Summary O Not Started	*The Life Event must be completed within 60 days of your qualifying change your Benefit elections. Date of Adoption/Legal	event or you will not be eligible to
Dependent/Beneficiary Coverage O Not Started	Custody/Guardianship Submit	

NOTE: This page may vary depending on the life event; there may be a save button to select prior to going to the next screen.

Verify that the second tab on the left side states "Complete".

X Exit		
* Welc © Comp	ome to the Adoption Event	
Adop © Comp	tion Date lete	



### 4. Upload the Proper Documentation (Required)

Select the "Document Upload" Tab, then click on "Add Attachment"

× Exit	Adoption Event	:
131865 Scott Krouse		
		Cancel Cancel Next >
* Welcome to the Adoption	Life Events - Document Upload	
Complete	▼ Instructions	
Adoption Date Complete	You are required to submit the document(s) listed here. Select the Add Attachment button, enter a description of your document and upload the document. Please provide a clear and legible copy of the documents.	
Document Upload     Visited	* Birth Event - Official Birth Certificate * Marriage Event - Legal Marriage Licensei/Certificate * Adoption Event - Adoption/Placement Papers	
Benefits Summary O Not Started	* Divorce Event - Divorce Decree * Gain of Coverage Event - Employment & Coverage Documents * Loss of Coverage Event - Employment & Coverage Documents	
Dependent/Beneficiary Info O Not Started	Please click below link for additional information: <u>Resoured Documentation</u> "The Life Event must be completed within 60 days of your qualifying event or you will not be eligible to change your Benefit	
Pay and Compensation O Not Started	ne che preix nos de completed multi lo days o you quanyng erent o you min no be engune to change you benent elections.	
Direct Deposit O Not Started	Life Event Documents     The system will suggest the     appropriate document(s) for your	
Benefit Enrollment O Not Started	Adoption Certificate qualifying event. See the Benefits Handbook for more specifics.	
Benefits Statements O Not Started	2 Add Attachment Add Note	

Type a name for your attachment (ie. "123456 Smith Adoption Papers". Then, click on "Add Attachment".

★ Welcome to the Adoption Event ∧	New Document Definition - New Attachment
Adoption Date Complete	You have chosen to enter a new attachment.
Document Upload Visited	<ul> <li>Selection Criteria</li> </ul>
Benefit Summary O Not Started	Description Adoption Papers
Dependent/Beneficiary Coverage O Not Started	Attachment       Add Attachment
Dependent/Beneficiary Info O Not Started	Save
Pay and Compensation     Not Started	Go To Life Events - Document Upload



Select "Browse" and locate the file on your computer.

	File Attachment	×
		Help
		Browse
Upload	Cancel	1
Upload	Cancel	-

#### Once you've selected the file, select "Open".

	Name	Date modified	Туре	Size		
	🔁 Scanned Adoption Papers	6/1/2020 10:56 AM	Adobe Acrobat D	571 KB		
	1					
	•					
Δ						
7						
ia						
~						
ile name	Scanned Adoption Papers			~ 4	All Files (*.*)	_
				2	Open Cancel	

Then click "Upload".

4	File Attachment	×
		Help
C:\Users\13180	65\Downloads\DEMO Br	owse
Upload	Cancel	
1		



If you select "View Attachment", a separate window will pop-up allowing you to ensure you uploaded the correct document. Click "Save" to proceed.

× Exit	Adoption Event
Welcome to the Adoption Event     Complete	Document Definition - New Attachment
Adoption Date Complete	<ul> <li>Instructions</li> <li>You have chosen to enter a new attachment.</li> </ul>
Document Upload • Visited	<ul> <li>Selection Criteria</li> </ul>
Benefit Summary O Not Started	Description Adoption Papers *Subject Adoptions Papers for John Doe
Dependent/Beneficiary Coverage O Not Started	Attachment Scanned_Adoption_Papers.pdf View Attachment
Dependent/Beneficiary Info O Not Started	Save
Pay and Compensation O Not Started	Go To Life Events - Document Upload

Once your document is submitted you must WAIT until a benefits administrator has approved your document. This can take up to 24 hours.

You can select "Exit" to save your progress in order to resume later. DO NOT SELECT "CANCEL" OR IT WILL DELETE YOUR QUALIFYING EVENT.

× Exit 2	Adoption Event	:
	Cancel	>
* Welcome to the Adoption Event  Complete	Saving Page	<
Adoption Date Complete	You are required to submit the document(s) listed here. Select the Add Attachment button, enter a description of your document and upload the document.	
Document Upload Visited	Please provide a clear and legible copy of the documents.  * Birth Event - Official Birth Certificate	
Benefit Summary	* Marriage Event - Legal Marriage License/Certificate * Adoption Event - Adoption/Placement Papers * Divorce Event - Divorce Decree	
The document must be approved prior to	Approval is required. (3001,1094) you starting Benefits Enrollment within the Life Event process. approval. OK	J
	ок 1	

*Note: Upon approval, you will log back into myOCPortal to add your new dependent information (if applicable)* **AND** *to update your new benefit elections.* 



#### Documentation Tips:

Adding a newly eligible dependent (ie marriage, birth, adoption)? You must provide dependent documentation for each dependent. In general, you would submit a birth certificate for a child and a marriage license for a spouse. For more specifics, reference the Employee Benefits Handbook.

Example: If you are submitting a life event for the birth of your new child but you also plan to another person to your plan at the same time, then you will need to upload dependent documentation for each person.

Adding a previously eligible person (self/dependent)? You must provide proof that the person has recently lost the same coverage under another group policy.

Example: If you are submitting a life event to add a dependent who lost coverage under another group plan, you will need to upload proof of the life event (ie. Loss of employment) and also upload proof of same coverage lost under prior plan (ie. Medical, Dental, Vision, etc).

**Removing coverage for yourself or a dependent?** You must provide proof that you and/or your dependent has obtained the same coverage under another group policy.

Example: If you are submitting a life event for your new marriage and you intend to drop coverage for yourself at the County, you will need to upload your marriage license (proof of the life event) and also upload proof of same coverage under your new spouse's plan.

If you need help, contact <a href="mailto:Benefits@ocfl.net">Benefits@ocfl.net</a>



### 5. Await System Approval (Required)

Once the Benefits Administrator has a chance to review, you will receive an email in your Orange County email account. If needed, see steps to <u>Resuming Your Qualifying Event</u>.

#### a. Approval Email

If approved, the email will look like the following. You can now log back into <u>myOCPortal</u> to add your **new dependent information** (if applicable) <u>AND</u> to update your **new benefit elections**.

This message is to notify you that your Life Event document(s) was approved: BN\_ADOPTION

To Complete your transaction: Login to myOCPortal and complete your Life Event.

\*\*\*\*

PLEASE NOTE: Florida has a very broad public records law (F. S. 119). All e-mails to and from County Officials are kept as a public record. Your e-mail communications, including your e-mail address may be disclosed to the public and media at any time.



#### b. Denial Email

time.

If denied, the email will look like the following. It will provide some possible reasons denial. If you need specifics, contact the Benefits team at <u>Benefits@ocfl.net</u> or review the necessary documentation in the <u>Employee Benefits Handbook</u>.

This message is to notify you that your document was denied: BN\_MARRIAGE. To access the document attachment page, use the following link: <u>https://owdhcm05.ocfl.net:8025/psp/HRBCTST/EMPLOYEE/HRMS/c/W3EB\_MENU.W3EB\_ATTACH.GBL?</u> <u>Action=U&LIFE\_EVENT\_TYPE=M&EMPLID=131865&SEQ\_NBR=1</u>. Below are the most common reasons for this denial: Dependent's Name must be input exactly as it is documented on their Social Security Card. Uploaded documentation does not meet requirements. Uploaded documentation is not legible. This is a system-generated email. Do not reply to this email. PLEASE NOTE: Florida has a very broad public records law (F. S. 119). All e-mails to and from County Officials are kept as a public record. Your e-mail communications, including your e-mail address may be disclosed to the public and media at any

From a county computer, log in to myOCPortal (<u>https://myocportal.ocfl.net/</u>) using your Employee ID and password.

<b>my OCPortal</b> Self-Service Employee Information
User ID *
Sign In



### 6. Review Current Benefit Summary and Dependent Benefits (Optional)

This page and the next are solely informational. The "Benefits Summary" allows you to review all of your current benefits in the table.

* Welcome to the Adoption Event © Complete	Task: Benefit Summary			
Adoption Date Complete	A:	s Of 07/21/2020		
Document Upload Complete	Type of Benefit	Plan Description	Coverage or Participation	
Benefit Summary <ul> <li>Visited</li> </ul>	Medical		Waived	^
Dependent/Beneficiary Coverage O Not Started	Dental		Waived	
Dependent/Beneficiary Info	Vision	BCC Vision Care Plan B-T	Employee Only	>
O Not Started	Supplemental Life	BCC Supplemental Life 200K B-T	\$200000	>
Pay and Compensation     Not Started	Life and AD and D	BCC Basic Life Insurance	Salary X 1 + 0	>
Direct Deposit	Dependent Life Child		Waived	
Benefit Enrollment	Dependent Life Spouse		Waived	
O Not Started	Short-Term Disability	BCC STD 015 DAY A -T	60% of Salary	>
Benefits Statements O Not Started	Long-Term Disability	BCC Base LTD	60% of Salary	>
Summary O Not Started	Section 457	Vanguard 457	21% After Tax	>

The "Dependents/Beneficiary Info" allows you to review which dependents or beneficiaries are currently assigned benefits in your plan.

Welcome to the Adoption Event     Complete	Dependent and Beneficiary Coverage Summary				
Adoption Date Complete	To view your benefits as of another date, enter the date and select Go. 07/21/2020				
Document Upload Complete	Dep/Ben Details				
D (74 D	Dependent/Beneficiary Name	Relationship	Type of Benefit	Description	
Benefit Summary     Visited		Other			
Dependent/Beneficiary Coverage			Supplemental Life	BCC Supplemental Life 200K B-T	
<ul> <li>Visited</li> </ul>			Life and AD and D	BCC Basic Life Insurance	
Dependent/Beneficiary Info	John Doe	Child			
O Not Started					
Pay and Compensation O Not Started					



### 7. Update Dependents

This page will allow you to add/remove/update dependents. If you're approved dependent is not listed, select "Add Individual".

<ul> <li>Welcome to the Adoption Event</li> <li>Complete</li> </ul>							
Adoption Date Complete	Task: Dependent/Beneficiary Info						
Document Upload Complete	Add Individual Name	Relationship	Beneficiary	Dependent			
Benefit Summary Visited		Other	~		>		
Dependent/Beneficiary Coverage Visited	John Doe	Child	~	~	>		
Dependent/Beneficiary Info <ul> <li>Visited</li> </ul>	coverage will not take eff	or elections requiring Medical Underwriting, complete the Medical History Statement and mail it to The Standard. Your new overage will not take effect until approval is received from The Standard for the requested coverage.					
Pay and Compensation     Not Started	Note: This page will show ALL historical dependents, ex: children that have aged out of benefits and/or ex-spouses. Being listed does NOT mean they have benefits.						

**Note 1:** This page lists **ALL** historical dependents or beneficiaries, whether they have benefits or not. Being listed does **NOT** mean they have benefits. *For audit purposes, you cannot remove/delete historical dependents and/or beneficiaries.* 

**Note 2:** Ensure you have approved documentation for all dependents added (See: <u>4. Upload the Proper</u> <u>Documentation (Required)</u>. Some qualified events allow for the tag-along rule which enables previously eligible dependents to be added at the same time. If you are adding multiple dependents simultaneously, please be sure to provide all required documentation for each dependent.



If adding a dependent or beneficiary, fill out all applicable fields, including Name, Personal Information, Address, and National ID. When complete, select "Save":

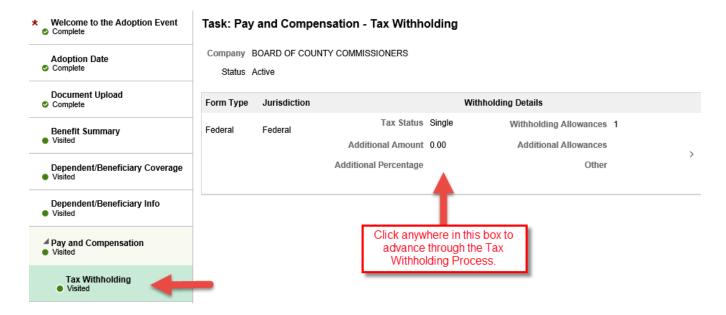
Cancel		Add Individual Depende	nt/Beneficiary Informatio	on	Sav
Select Save once you 2020. An asterisk (*) indicate Name		/Beneficiary's personal information.	Your Dependent/Beneficiary will be	added to the system as of Jul 2	:0,
Add Name					
Personal Informati	ion				
	Date of Birth				
	*Gender	Y			
	*Relationship to Employee				
	Dependent				
	Beneficiary				
	*Marital Status	Single 🔽	As of		
	*Student	No 🔽	As of	<u></u>	
	*Disabled	No 🔽	As of		
	*Smoker	Non Smoker	As of	iii	
Address					
Address		Address Type	Same as mine		
Orlando, FL 32833 Orange		Home	Same as mine		>
National ID					
No data exists					
Add National ID	Social	Security #			
Phone					
No data exists					
Add Phone					
Email					
No data exists					
Add Email					

**Note:** National ID refers to **Social Security Number** (SSN), which is **required**. If the dependent does not have a SSN contact Human Resources at (407) 836-5661 or via <u>Benefits@ocfl.net</u> for additional information/assistance.



### 8. Update Tax Withholding (Optional)

This page provides the ability to edit your tax withholdings:





### 9. Update Direct Deposit (Optional)

This page provides the ability to update your Orange County Direct Deposit allotments.

* Welcome to the Adoption Event © Complete		Direc	t Deposit						
Adoption Date Complete	1	Accou	nts						
Document Upload Complete		Order	Nickname	Payment Method	Routing Number	Account Number	Account Type	Amount/ Perc	° <b>*2</b>
Benefit Summary		1		in the second			1000		>
	_	2		1000					>
Dependent/Beneficiary Coverage Visited		Last			100			Remaining Balance	>
Dependent/Beneficiary Info  Visited	3	Reor	der						
<ul> <li>Pay and Compensation</li> <li>Visited</li> </ul>	IMPORTANT! Please ensure that the Routing Number and Account Number represent only a Checking and/or Savings Account. Money Markets, bank loan numbers, or any other type of account may cause your direct deposit to be returned to Orange County, and may delay your payment.								
Direct Deposit Visited	ac	Also ensure that "Amount or Percent" column adds up to 100%. If you select more than one account, you must designate the last account as a "balance" account. The system will assign a designation of "Last" to these accounts. (Example: 50% goes into first account and "Remaining Balance" goes into the second).							
Benefit Enrollment O Not Started		Invalid bank information may take up to 3 business days for your money to be returned to Orange County. Payment to you cannot be made until your bank returns the money to Orange County.							
Benefits Statements	Т	To update your current account type(s), click on the Account line. To add an additional account, click on the + push button.							

- 1. Select the "+" sign if you want to add an account.
- 2. Select the ">" at the end of the row to edit an account/allotment.
- 3. Select "Re-order" to re-order priority for funding your accounts based on your pay. The final account must be designated to receive the "Remaining Balance."



### 10. Update Benefit Enrollment (Required)

This step will not be enabled until your document is approved from Steps #4-5. This is where you will update your benefits elections based upon your qualifying event.

#### a. Review Open Enrollment Documentation

This page will be completed in the same manner as Open Enrollment. Click the appropriate boxes to update your benefits elections.

**Note:** Pay attention to the "status" of each tile. "Pending review" means you have not made any changes. "Changed" means you have selected new coverage for that benefit. It's important to review each tile in order to ensure that you've considered all of your options. Once you submit your election, you cannot make any changes.

* Welcome to the Adoption Event © Complete	Task: Benefit Enrollment		,
Adoption Date Complete			
Document Upload Complete	Your Pay Period Cost \$174.54 Status Submitted	Full Cost \$174 General Credits \$0.0	Supp
Benefit Summary Visited	*Excess Credit Forfeit Excess Credits	Plan Credits \$0.0	0 Dental Medical
Dependent/Beneficiary Coverage Visited	Submit Enrollment		Weblear
Dependent/Beneficiary Info  Visited	Benefit Plans		
<ul> <li>Pay and Compensation</li> <li>Visited</li> </ul>	Click these boxe the benefits		
Direct Deposit Visited	Medical	Dental	Vision Current BCC Vision Care Plan B-T
Benefit Enrollment  Visited	New BCC OrangePrime Low CoPay B-T Status @ Changed #1 Dependents	New BCC Dental High Co-Payment B-T Status Changed	New BCC Vision Care Plan B-T Status Pending Review
Benefits Statements O Not Started	T Dependents		C Dependents
Summary O Not Started	Pay Period \$116.84 Cost \$126.84 Review	Pay Period \$29.42 Cost Review	Pay Period \$2.88 Cost \$2.88 Review
	Supplemental Life	Life and AD and D	Dependent Life Child



Alternate View: Click on the appropriate rows to update your benefit elections.

Document Upload Complete	Benefit Plans	A	Iternate View				
Benefit Summary	Plan Type	Current	New	Dependents or Beneficiaries	Pay Period Cost	Status	Actions
Visited	Medical	Waive	BCC OrangePrime Low CoPay B-T	1 Dependents	\$116.84	🕑 Changed	Review
Dependent/Beneficiary Coverage Visited	Dental	Waive	BCC Dental High Co-Payment B-T	1 Dependents	\$29.42	📀 Changed	Review
Dependent/Beneficiary Info Visited	Vision	BCC Vision Care Plan B-T	BCC Vision Care Plan B-T	0 Dependents	\$2.88	Pending Review	Review
Pay and Compensation     Visited	Supplemental Life	BCC Supplemental Life 200K B-T \$200,000	BCC Supplemental Life 200K B-T \$200,000	1 Beneficiaries	\$14.77	Pending Review	Review
Direct Deposit	Life and AD and D	BCC Basic Life Insurance Salary X 1 + 0	BCC Basic Life Insurance \$65,000	1 Beneficiaries	\$0.00	Pending Review	Review
Visited	Dependent Life Child	Waive	Waive		\$0.00	Pending Review	Review
Benefit Enrollment     Visited	Dependent Life Spouse	Waive	Waive		\$0.00	Pending Review	Review

#### b. Select Submit

Once all revisions are made, select "Submit Enrollment" to submit changes.

Adoption Date Complete	✓ Enrollment Summa	агу
Document Upload Complete	Your Pay Period Cost Status	\$174.54 Submitted
Benefit Summary Visited	*Excess Credit	Forfeit Excess Credits
Dependent/Beneficiary Coverage Visited	$\rightarrow$	Submit Enrollment
Dependent/Beneficiary Info <ul> <li>Visited</li> </ul>	Benefit Plans	
<ul> <li>Pay and Compensation</li> <li>Visited</li> </ul>		
Direct Deposit	Plan Type	Current
Visited	Medical	Waive
Benefit Enrollment <ul> <li>Visited</li> </ul>	Dental	Waive
Benefits Statements O Not Started	Vision	BCC Vision Care Plan B-T

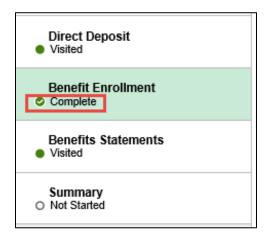
Next, you'll get a pop-up which will indicate your changes have been submitted. You can select "View" to view your changes or proceed to the next tab.



	Stat	us Submitted		General Greats	\$0.00
Benefit Summary Visited	*Excess Cre	dit Forfeit Excess Credits		Plan Credits	\$0.00
Dependent/Beneficiary Coverage Visited			Benefits Alert	s View	
Dependent/Beneficiary Info  Visited			r Election Preview s nefits Enrollment S	statement, Done to return to ummary	
Pay and Compensation     Visited	Benefit Plans				
Direct Deposit Visited	Medical				
Benefit Enrollment Visited	Status 🥑	C OrangePrime Low CoPay B-T		Waive BCC Dental High Co-Paymer Changed 4 1 Dependents	nt B-T

- 1. If you wish to review your updated statement, select "View".
- 2. When complete, select "Done".

If complete, the tab should indicate "Complete" as shown below.





## 11. Review Updated Benefits Statement

Welcome to the Adoption Event     Omplete	Task: Benef	its Statemer	ts		
Adoption Date Complete	Statement Type				
Document Upload Complete	Event Date ♦	Issue Date 🛇	Enrollment Event $\diamond$	Statement Type 🗘	
Benefit Summary  Visited	07/20/2020	07/21/2020	BCC Event Maintenance	Enrollment Preview	>
Dependent/Beneficiary Coverage  Visited	01/01/2021	07/06/2020	BCC OE 2021 TEST	irmation Statement	>
Dependent/Beneficiary Info  Visited				ollment Preview" to view n your updated changes	
<ul> <li>Pay and Compensation</li> <li>Visited</li> </ul>					
Direct Deposit Visited					
Senefit Enrollment Complete	If preview is r Enrollm	nissing, verify ent" is comple			
Benefits Statements <ul> <li>Visited</li> </ul>					
Summary O Not Started					



### 12. Submit/Complete Benefits Enrollment (Required)

This is the final **<u>REQUIRED</u>** step to complete the Qualifying Event. Click the "**Complete**" Button to finish.

* Welcome to the Adoption Event © Complete	Task: Summary				Complete		
Adoption Date Complete	Congratulations! You have completed your Adoption Eve	ent					
Document Upload Complete	Here is a list of things to keep in mind r	now that you have a	ne Qualifying E		es. Process		
Benefit Summary Visited	Find out if your medical plan offers discounts on infant care e Evaluate day care centers. Evaluate our Dependent Care Spending Account plan to assist with day care expenses. Schedule your baby's first visit with the pediatrician. Order a Social Security or Social Insurance card for your baby.						
Dependent/Beneficiary Coverage  Visited	Select the Complete pushbutton to end	,	aby.				
Dependent/Beneficiary Info Visited	Steps				10 rows		
<ul> <li>Pay and Compensation</li> <li>Visited</li> </ul>	Step	Status	Date Completed	Required	Go to Step		
Direct Deposit	Welcome to the Adoption Event	Complete	07/20/2020	Yes	Go to Step		
Visited	Adoption Date	Complete	07/20/2020	No	Go to Step		
Benefit Enrollment Complete	Document Upload	Complete	07/20/2020	No	Go to Step		
Benefits Statements <ul> <li>Visited</li> </ul>	Benefit Summary	Visited		No	Go to Step		
Summary Visited	Dependent/Beneficiary Coverage	<ul> <li>Visited</li> </ul>		No	Go to Step		

### 13. Making Corrections/Additional Support

Review your elections carefully, once you submit your requested changes they will become effective in the system. In most cases, you cannot make any updates after you have submitted your elections. If you need to make corrections after your elections have been submitted, contact the Benefits Team via <u>Benefits@ocfl.net</u> to see if there are any options.