

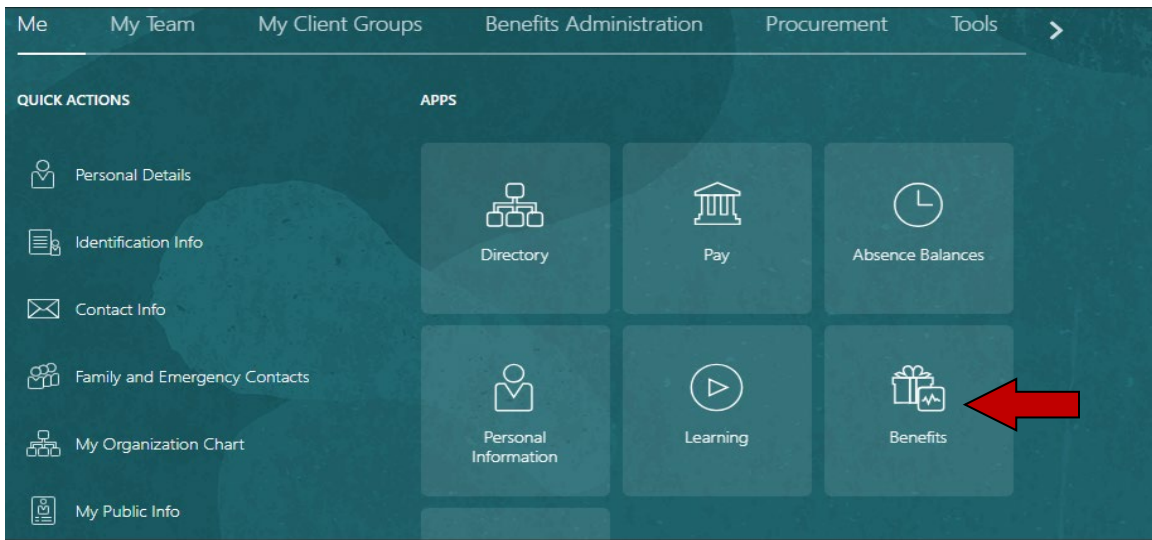


Oracle Procedures for Benefits Enrollment

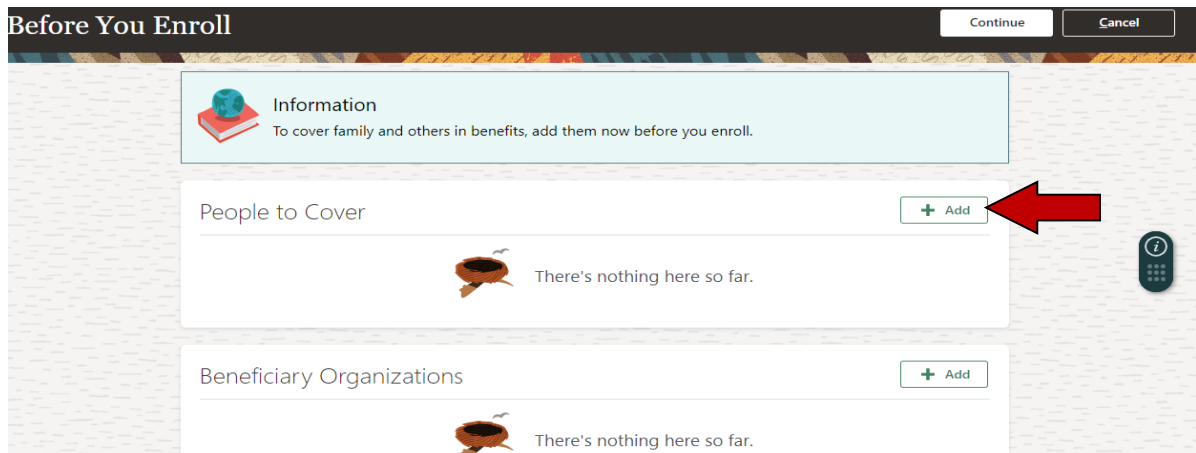
You have a comprehensive package of benefits available to you and your family. Full details are contained in the [City of Tampa Benefits Guide](#), and on the [Benefits Website](#).

Enrolling in Benefits

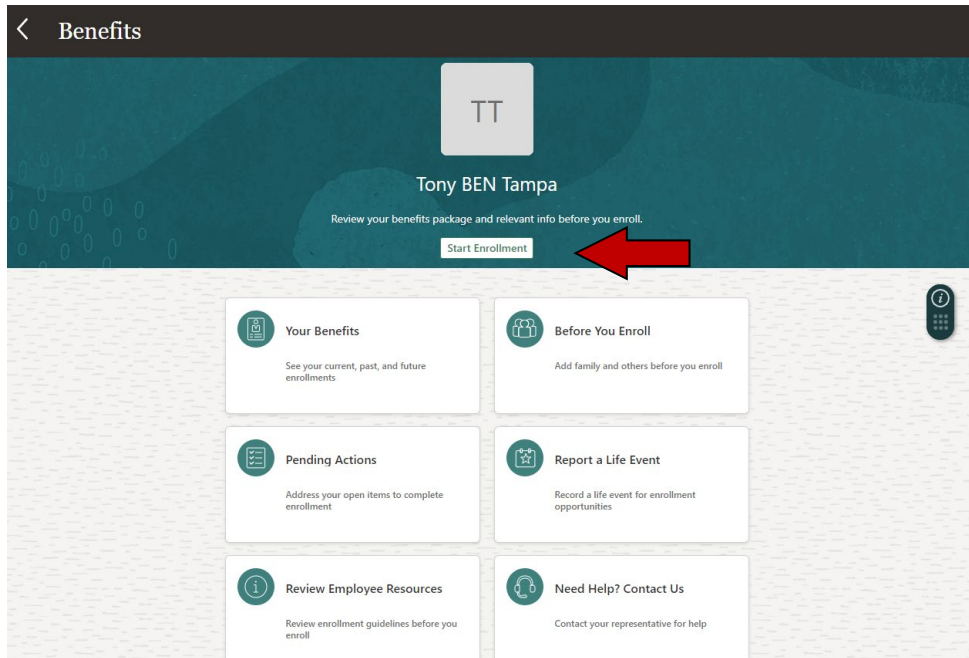
Once you login to the City's Oracle system you will land on your personal "Me" tab. Click **Benefits**.



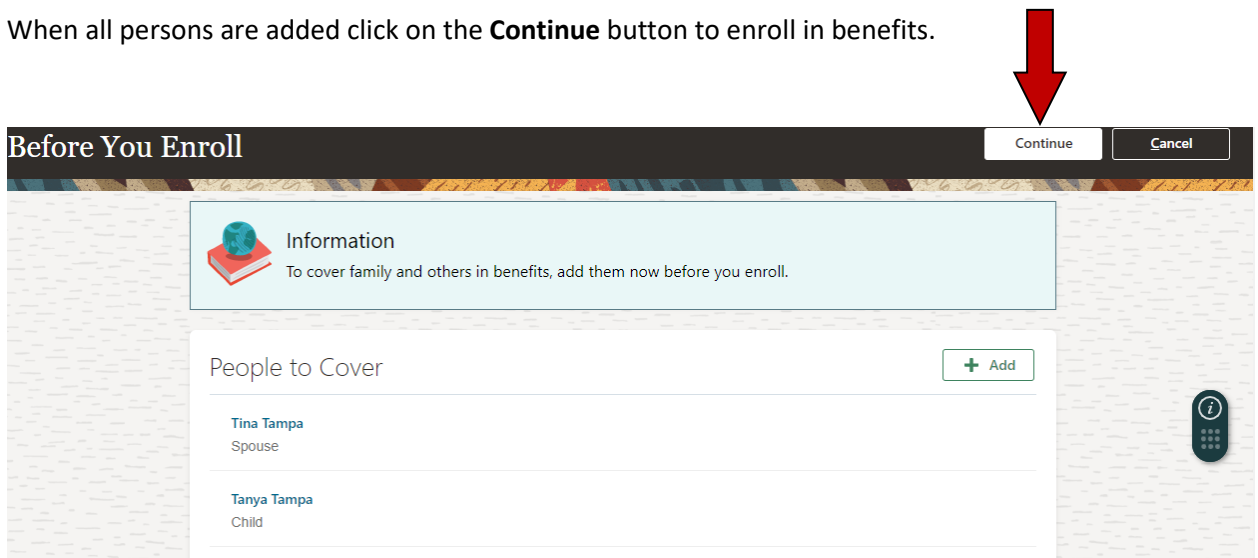
1. If you need to add any **additional dependents not** already in Oracle, on the **Before You Enroll** page you will use the add buttons to first add the new dependents that you wish to cover, and/or to add the new beneficiaries for your last paycheck, in event of death. Please complete fields with the information pertaining to the new dependent and/or beneficiary. After each person is entered, use the Add button to add any additional persons.



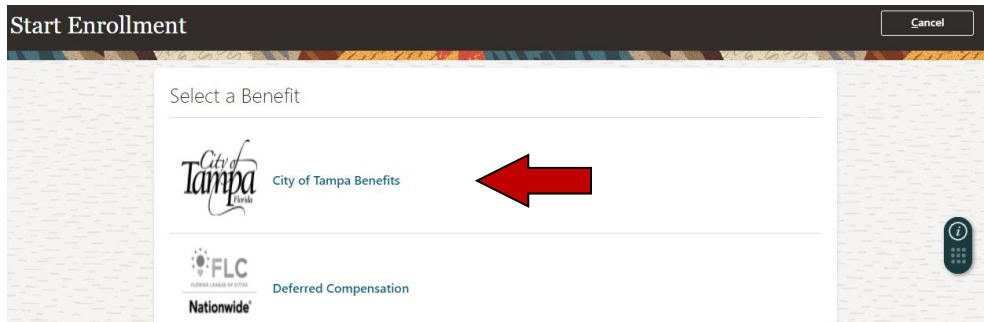
2. Click on the **Benefits** tile and you will see this screen. Then click on **Start Enrollment** as shown below. Note: After you initially start enrollment, when you return to the screen below, under “Me”, it will show **Make Changes** rather than **Start Enrollment**.



3. When all persons are added click on the **Continue** button to enroll in benefits.



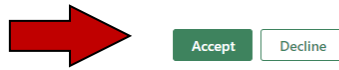
- When the screen below appears click on **City of Tampa Benefits** to enroll in medical, dental, vision, flexible spending, and disability benefits.



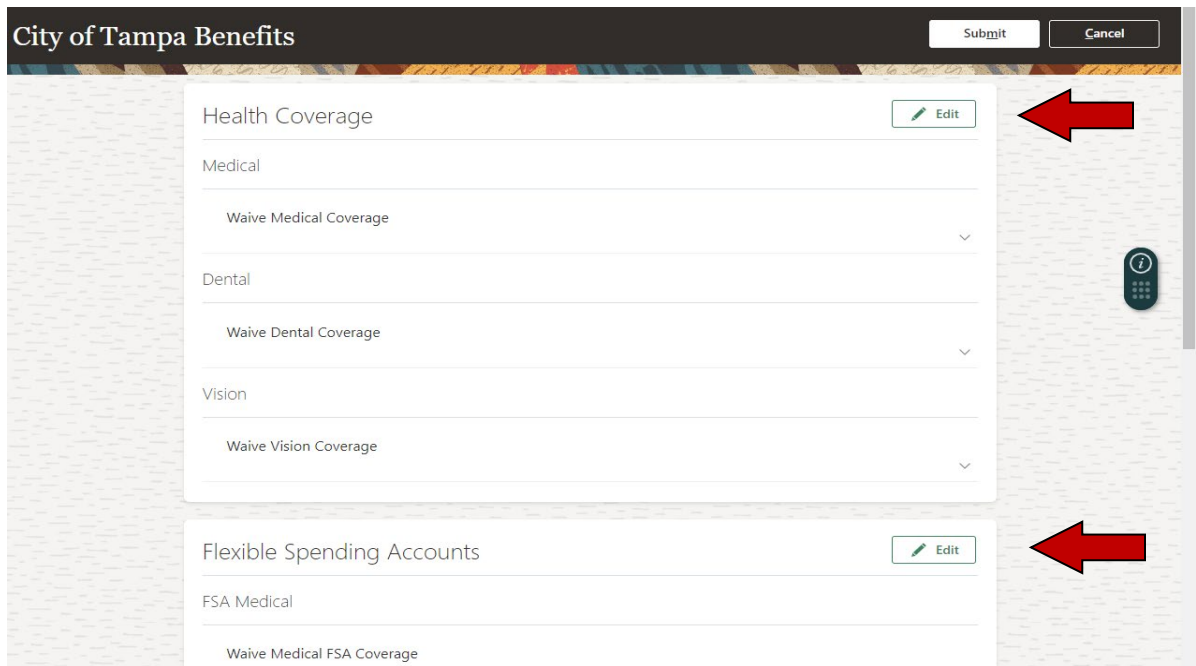
- You will be prompted with an Authorization page, explaining that after your enrollment period or window, you cannot make changes without a qualifying family status change. Click **Accept**.

Authorization

By submitting my benefit choices I authorize the City of Tampa to take the payroll deduction for the cost of the elections I have made. I understand I cannot change my election during the plan year except within 30 days of a qualifying change of family status event per Section 125 of the IRS code. I understand if a covered dependent becomes ineligible I must notify Benefits and Wellness within 30 days and that I will be responsible for any claims incurred for an ineligible dependent. I understand a dependent eligibility audit may be conducted and I may be requested to provide documentation confirming proof of eligibility. I certify all information on this form is true and correct to the best of my knowledge and all family members meet legal eligibility requirements.



- For each coverage area, click the **Edit** button. This will allow you to select plan options and which dependents (if applicable) you will cover.



7. After you have picked plans to enroll in, and who to cover, you will see a screen that resembles the picture below. Use the pencil button to select which dependents to which dependents to cover for each plan. Then when finished, hit the **Continue** button.

Health Coverage Continue Cancel

Currency in USD

Your Total Cost 214.35
Per Pay Period

Medical

City Plan with HRA [See More Info](#)

<input type="checkbox"/>	Employee Only 0.00 Annually	0.00 Pretax Per Pay Period
<input checked="" type="checkbox"/>	Family 4,800.00 Annually	184.62 Pretax Per Pay Period

Who's covered?
You, Tina Tampa, Tanya Tampa

8. If the information below is correct, then click on **Continue (submit does not show until the final screen)**. (Note: to add **new** dependents – not beneficiaries - you may need to provide birth certificates and/or marriage certificates in Oracle or to the Benefits Team at Benefits@tampagov.net).

City of Tampa Benefits Submit Cancel

Health Coverage Edit

Medical

City Plan with HRA Family	184.62
Who's covered? You, Tina Tampa, Tanya Tampa	

Dental

Humana DHMO Employee Plus Family	22.13
Who's covered? You, Tina Tampa, Tanya Tampa	

Vision

Superior Vision Employee Plus Family	7.60
Who's covered? You, Tina Tampa, Tanya Tampa	

- Using the same process, you can enroll in flexible spending (FSA Medical). Please note that the annual amount you elect is pro-rated over the remaining pay periods of the tax year. (The maximum contribution you can make is \$3,050 for 2024. FSA must be re-elected each year even if you choose the same election amount).

*Please double check that you have **not** selected FSA Dependent Care by accident, as you would need qualifying dependents for this Benefit which is for eligible children or parents' day care expense.*

- Once you review your flexible spending account elections click **Continue** and follow the same process if you desire to increase your City provided 30% long term disability benefit to either 50% or 60%.
- Finally, select the beneficiaries for your Life and ADD, Salary Death Benefit, and to receive your Last Paycheck in event of your death. The percentages will need to add up to 100% (*You cannot select 0*). You could select multiple beneficiaries as primary or select primary beneficiaries and contingent beneficiaries (in the event something happens to you and your primary).

Last Paycheck

Primary Beneficiaries

<input checked="" type="checkbox"/> You	<input type="text"/> %
<input type="checkbox"/> Zachary Michael Cottongim	<input type="text"/> %
<input type="checkbox"/> Madeline Marie Cottongim	<input type="text"/> %

100% left

Contingent Beneficiaries

<input type="checkbox"/> You	<input type="text"/> %
<input type="checkbox"/> Zachary Michael Cottongim	<input type="text"/> %
<input type="checkbox"/> Madeline Marie Cottongim	<input type="text"/> %

100% left

- Click the Green **OK** and then Click **Continue**.

13. Give one last look at your coverage elections, those you elected to cover, and your per pay cost for each. If you are satisfied, click **Submit**.

The screenshot shows the 'City of Tampa Benefits' portal. At the top, there is a navigation bar with the 'CITY OF TAMPA' logo and several utility icons. Below the navigation bar, the page title 'City of Tampa Benefits' is displayed. To the right of the title are two buttons: 'Submit' and 'Cancel'. A red arrow points to the 'Submit' button. The main content area is divided into sections for 'Health Coverage', 'Dental', and 'Vision'. Each section lists a plan name, the employee type, and the cost. For example, under 'Health Coverage', the 'City Plan with HRA' is selected for 'Family' coverage, with a cost of 184.62. The 'Who's covered?' field lists 'You, Tina Tampa, Tanya Tampa'. Below the 'Health Coverage' section is the 'Flexible Spending Accounts' section, which also has an 'Edit' button.

Category	Plan Name	Employee Type	Cost	Who's covered?
Health Coverage	City Plan with HRA	Family	184.62	You, Tina Tampa, Tanya Tampa
	Humana DHMO	Employee Plus Family	22.13	You, Tina Tampa, Tanya Tampa
	Superior Vision	Employee Plus Family	7.60	You, Tina Tampa, Tanya Tampa

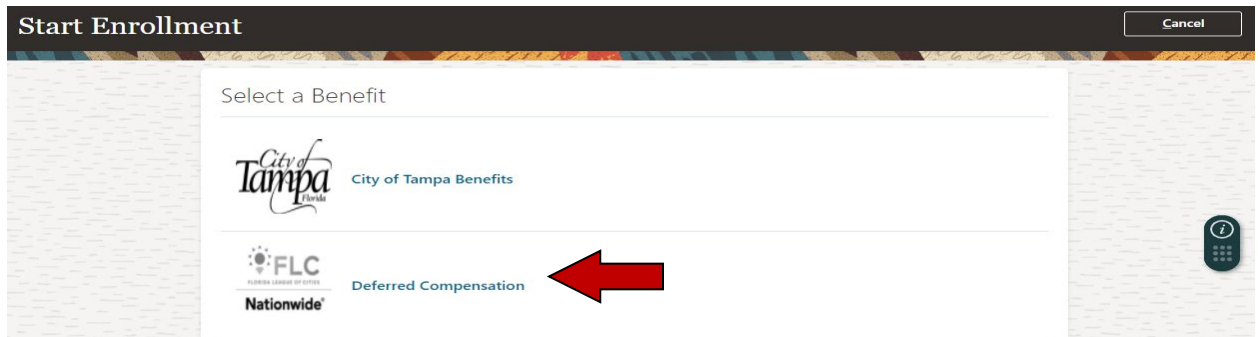
- 14 A confirmation page will then show on your screen. You can print if desired.

The confirmation message is displayed in a green box. It features a small icon of a hand holding a star. The text reads: 'Confirmation', 'Your benefit elections were saved.', 'You can make changes until 11:59 PM EST, 9/21/2022.', and a link to 'Enroll in Other Benefits'.

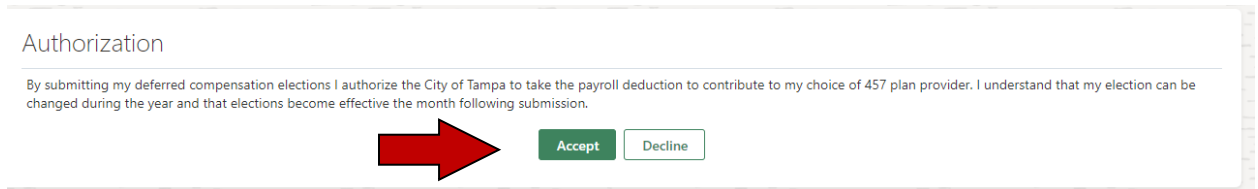
Deferred Compensation (Not part of Open Enrollment)

- 15 To elect deferred compensation, select **Make Changes** on the original Benefits screen.

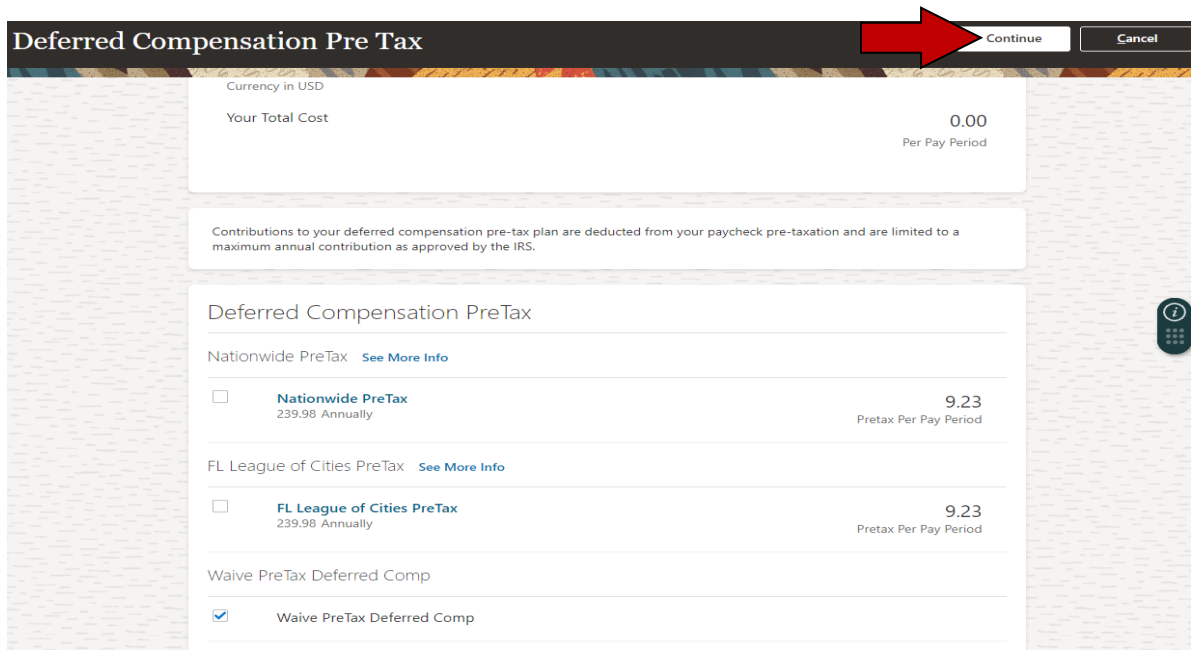
16 The screen below will appear to elect **Deferred Compensation**.



17 You will come to another Authorization page – Click Accept to move forward.

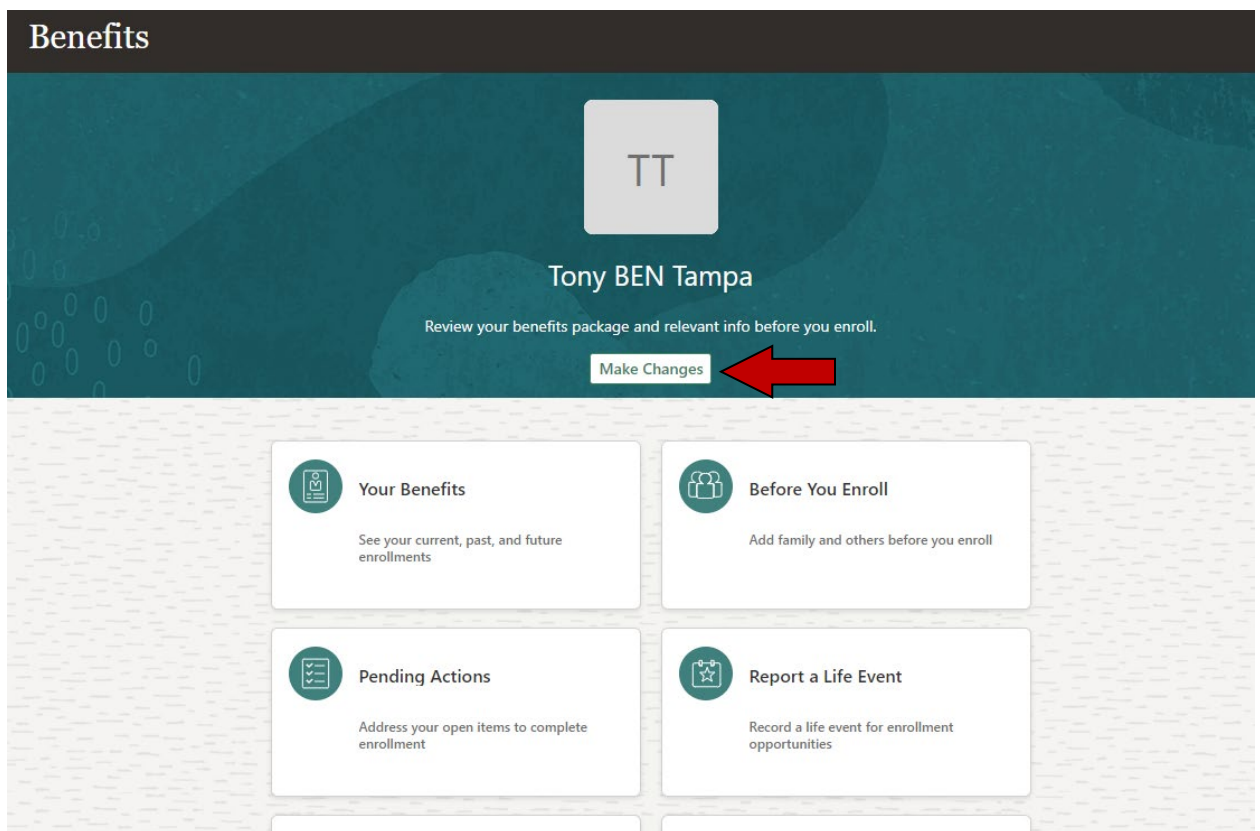
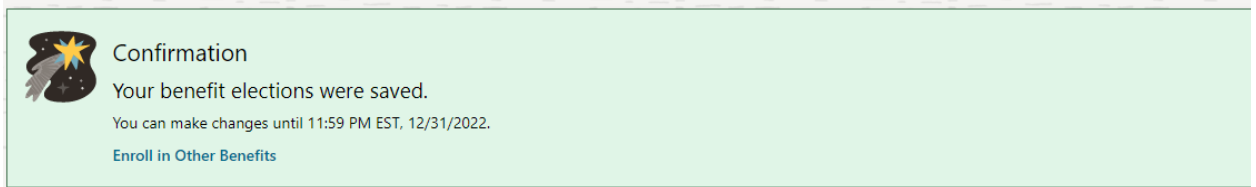


18 You can check whether to enroll in either pre-tax or Roth post-tax deferred compensation. Click the Edit button to select which plan, Nationwide or FL League of Cities. The annual amount and per pay-period contribution shown for each is the minimum. Select your plan, then your per pay-period contribution or Waive and click **Continue**.



19 Confirm the amount you want to contribute - use the pencil to edit the amount. When you are satisfied, click **Continue**. After a final review, click **Submit**.

- 20 A confirmation screen will appear for deferred compensation which you can print if desired. Please Note: Making a contribution election does not complete your enrollment with the provider. If not already enrolled, please see the Benefits webpage for Deferred Compensation for further information including the enrollment form and local representative contact information for each company.



You have now enrolled in your City of Tampa benefits. If you desire to revisit your elections and make changes, you must do so before your election window closes by clicking the **Make Changes** button as shown above.

If you have questions, please contact the Benefits Team at benefits@tampagov.net or by phone at 813-274-5757.