



New Employee Benefits Enrollment

Welcome to the City of Tampa! As a new member of the City team, 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](#). As a new employee you have 30 days to enroll, but it is recommended you submit your elections as soon as you make your decisions.

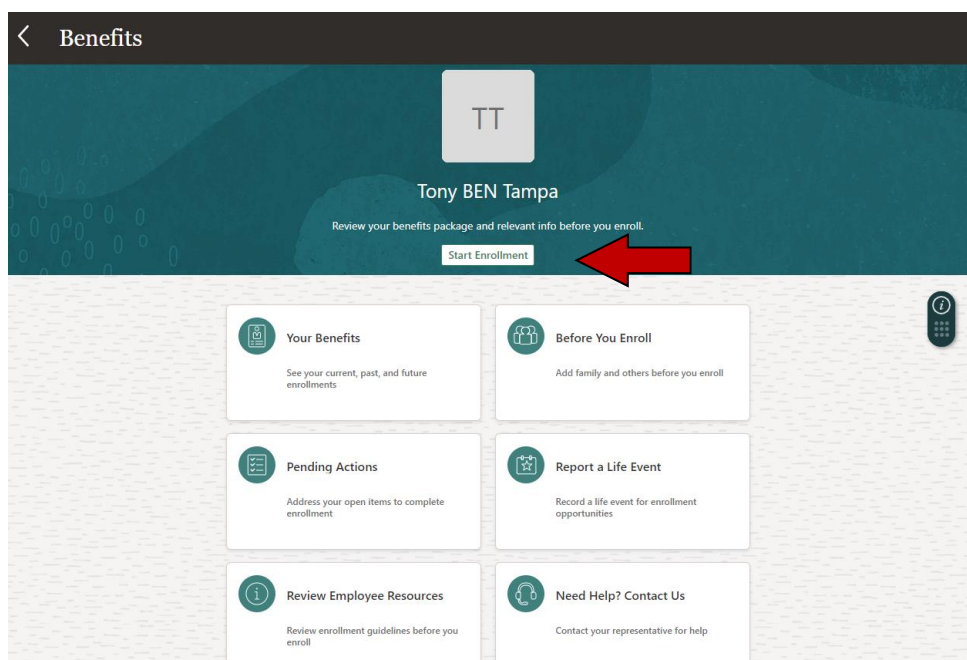
Before You Enroll

- Think about which dependents you plan to cover under your medical, dental and vision benefits. Also, think about who you desire to select as beneficiaries for your last paycheck.
- Make sure you have necessary information on each person you wish to name as a dependent or a beneficiary. You will need full name, date of birth, address, and social security number.

Enrolling in Benefits

During orientation you will be provided your credentials to log in to the City's Oracle system. You will need to log in and change your password before you enroll for benefits. Once you login you will land your personal "Me" tab.

1. 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**.



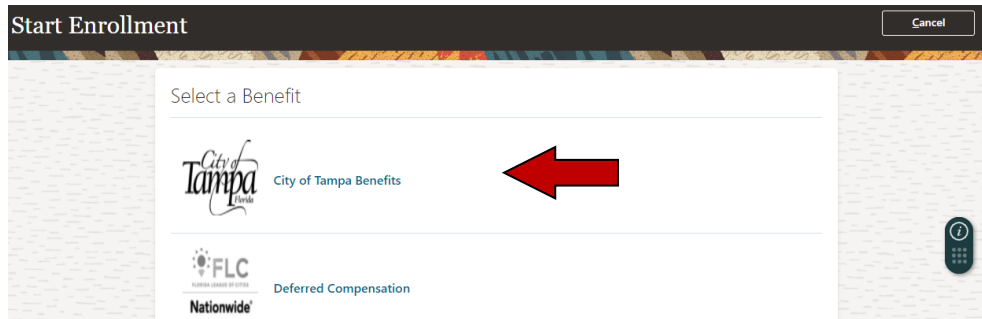
2. On the **Before You Enroll** page you will use the add buttons to first add dependents that you wish to cover, and to add beneficiaries for your last paycheck, in event of death. Please complete fields with the information pertaining to the dependent or beneficiary. After each person is entered, use the Add button to add any additional persons.

The screenshot shows the 'Before You Enroll' page. At the top, there is a dark header with the title 'Before You Enroll' and two buttons: 'Continue' and 'Cancel'. Below the header is a light blue box with a book icon and the text 'Information: To cover family and others in benefits, add them now before you enroll.' Below this are two white boxes. The first is titled 'People to Cover' and has a '+ Add' button on the right. A red arrow points to this button. Below the title is a small icon of a campfire and the text 'There's nothing here so far.' The second box is titled 'Beneficiary Organizations' and also has a '+ Add' button on the right. Below its title is the same campfire icon and text. On the far right, there is a vertical sidebar with an information icon (i) and a list of icons.

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

This screenshot shows the 'Before You Enroll' page after two people have been added. The 'Continue' button in the top right header is highlighted with a red arrow. The 'People to Cover' section now contains two entries. The first entry is 'Tina Tampa' with the role 'Spouse'. The second entry is 'Tanya Tampa' with the role 'Child'. The '+ Add' button is still present on the right. The 'Beneficiary Organizations' section remains empty. The sidebar on the right is also visible.


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



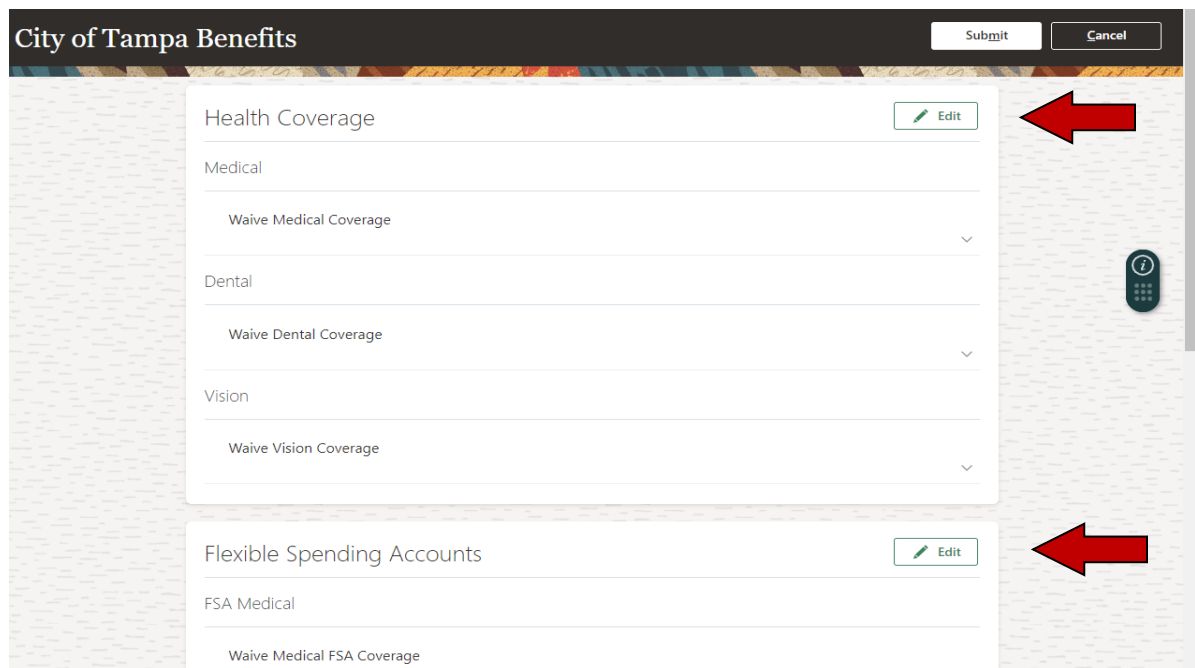
- You will be prompted with an Authorization page, explaining that after your initial enrollment, you cannot make changes without a qualifying family status change. Click Accept.

Authorization

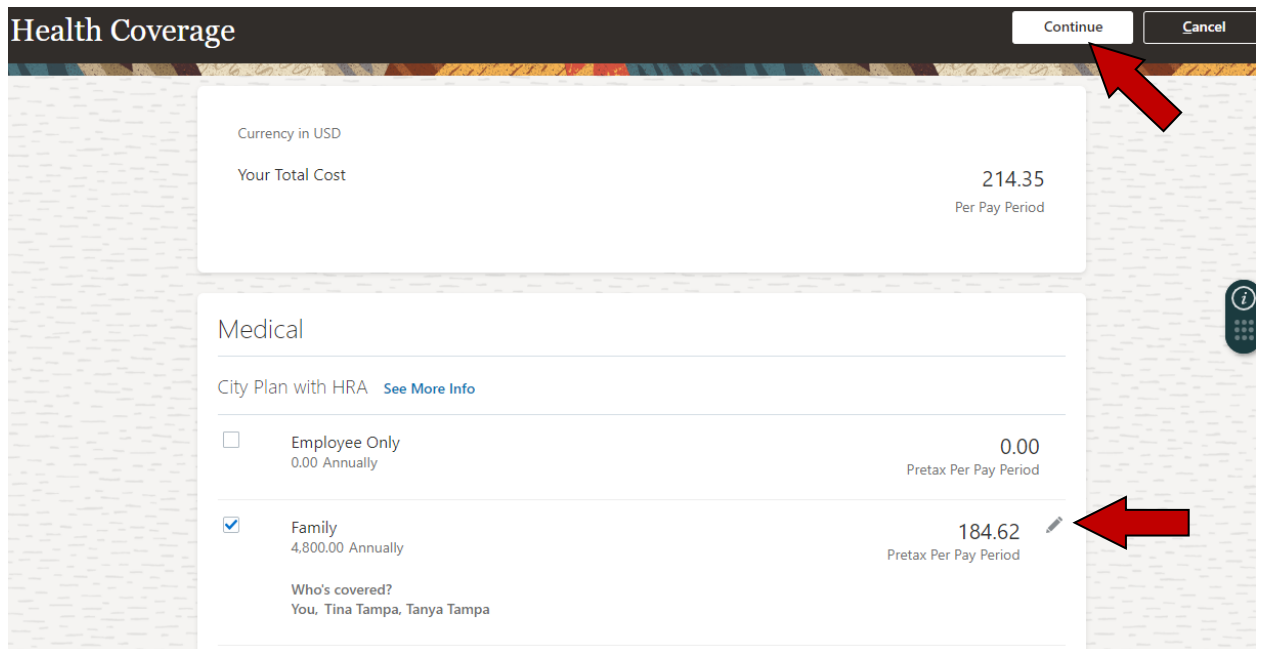
By submitting my benefit choices I authorize the City of Tampa to take the payroll deduction for the cost of the elections I have made. I understand I cannot change my election during the plan year except within 30 days of a qualifying change of family status event per Section 125 of the IRS code. I 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 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

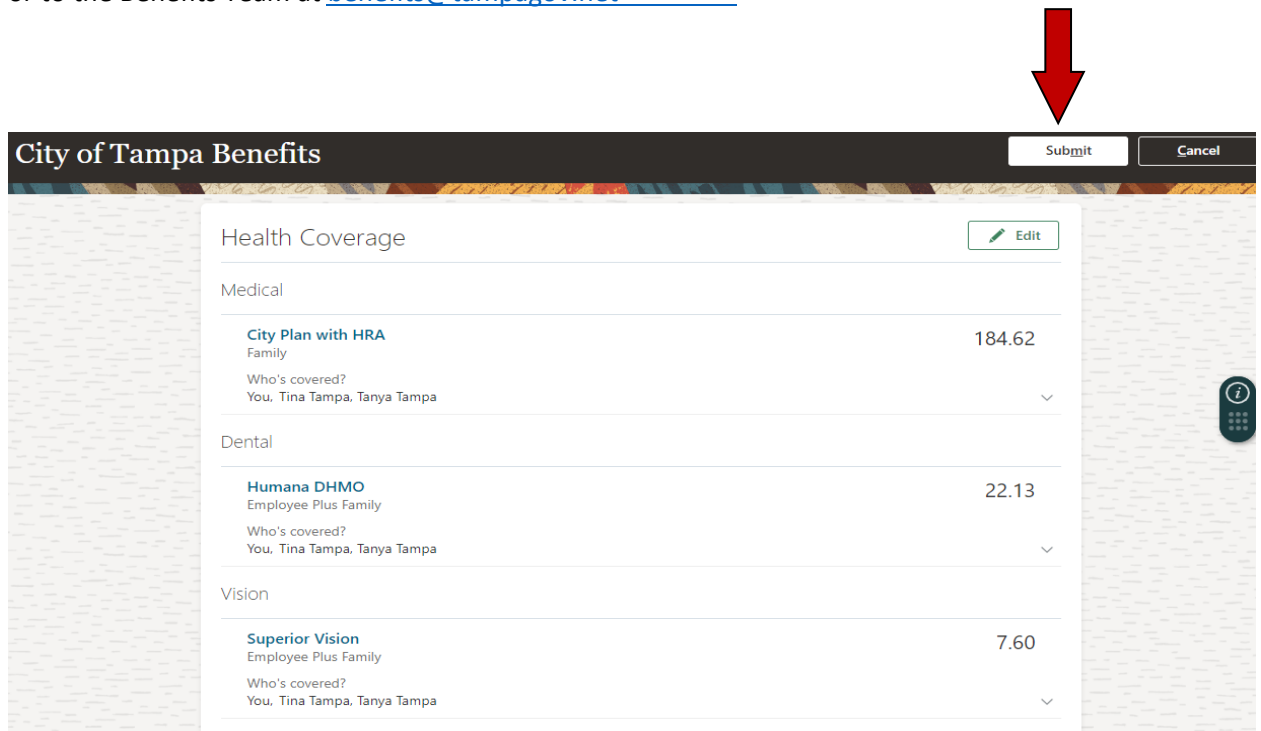
Medical

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 **Submit**. (Note: to add 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	

9. 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.

Flexible Spending Accounts Continue Cancel

Currency in USD

Your Total Cost 166.67
Per Pay Period

FSA Medical

Medical Flexible Spending Account [See More Info](#)

☒ **Medical Flexible Spending Account** 166.67
500.00 Annually Pretax Per Pay Period

Coverage Amount
500.00

Waive Medical FSA Coverage

☐ Waive Medical FSA Coverage

FSA Dependent Care

*Please double check that you have **not** selected FSA Dependent Care by accident, as you would need qualifying dependents for this Benefit.*

10. 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% (at a small noted cost to you).
11. 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 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

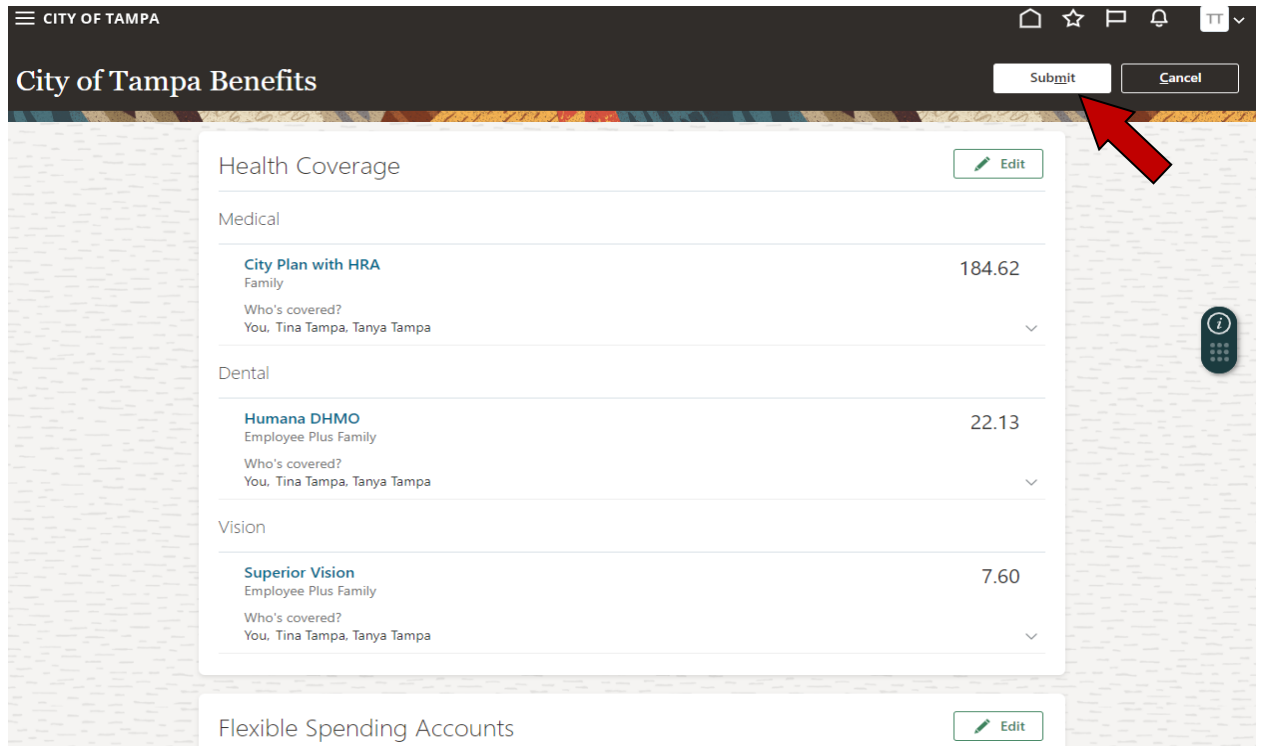
Contingent Beneficiaries

<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

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

13. Give one last look at your coverage elections, those covered, and your cost for each. If you are satisfied, click **Submit**.



CITY OF TAMPA

City of Tampa Benefits

[Submit](#) [Cancel](#)

Health Coverage [Edit](#)

Medical

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

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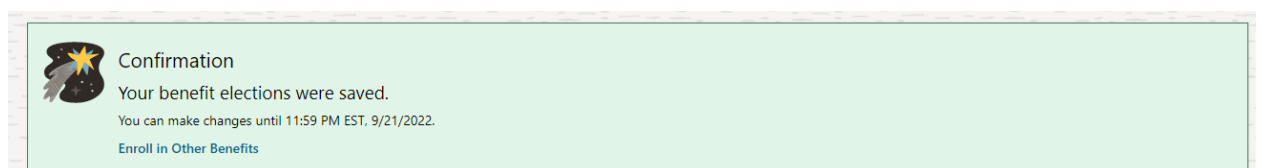
Vision

Superior Vision Employee Plus Family Who's covered? You, Tina Tampa, Tanya Tampa	7.60
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Flexible Spending Accounts [Edit](#)

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

- 15 To elect deferred compensation select **Enroll in Other Coverages** on the original tab.



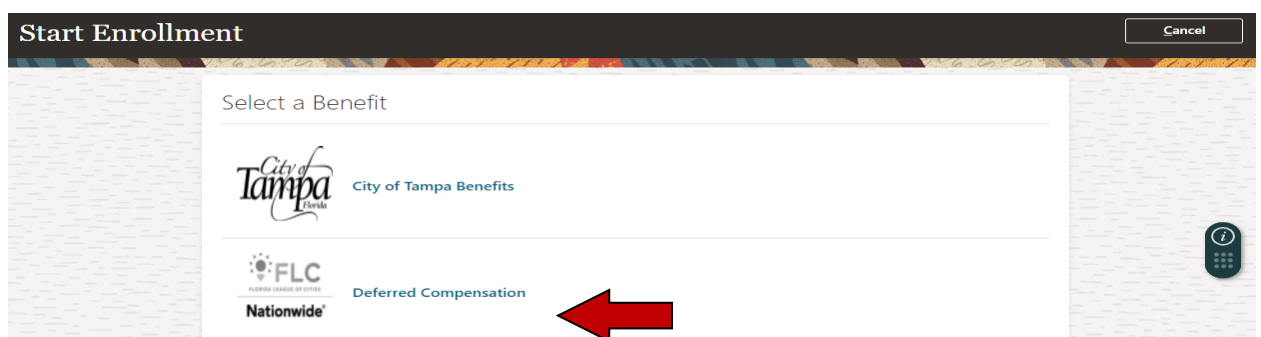
Confirmation

Your benefit elections were saved.

You can make changes until 11:59 PM EST, 9/21/2022.



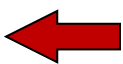
[Enroll in Other Benefits](#)

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



Start Enrollment [Cancel](#)

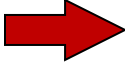
Select a Benefit

 City of Tampa Benefits	
 Deferred Compensation	


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

Authorization

By submitting my deferred compensation elections I authorize the City of Tampa to take the payroll deduction to contribute to my choice of 457 plan provider. I understand that my election can be changed during the year and that elections become effective the month following submission.



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**.

Deferred Compensation Pre Tax 

Currency in USD

Your Total Cost 0.00
Per Pay Period

Contributions to your deferred compensation pre-tax plan are deducted from your paycheck pre-taxation and are limited to a maximum annual contribution as approved by the IRS.

Deferred Compensation PreTax

Nationwide PreTax [See More Info](#)

☐ **Nationwide PreTax** 9.23
239.98 Annually Pretax Per Pay Period

FL League of Cities PreTax [See More Info](#)

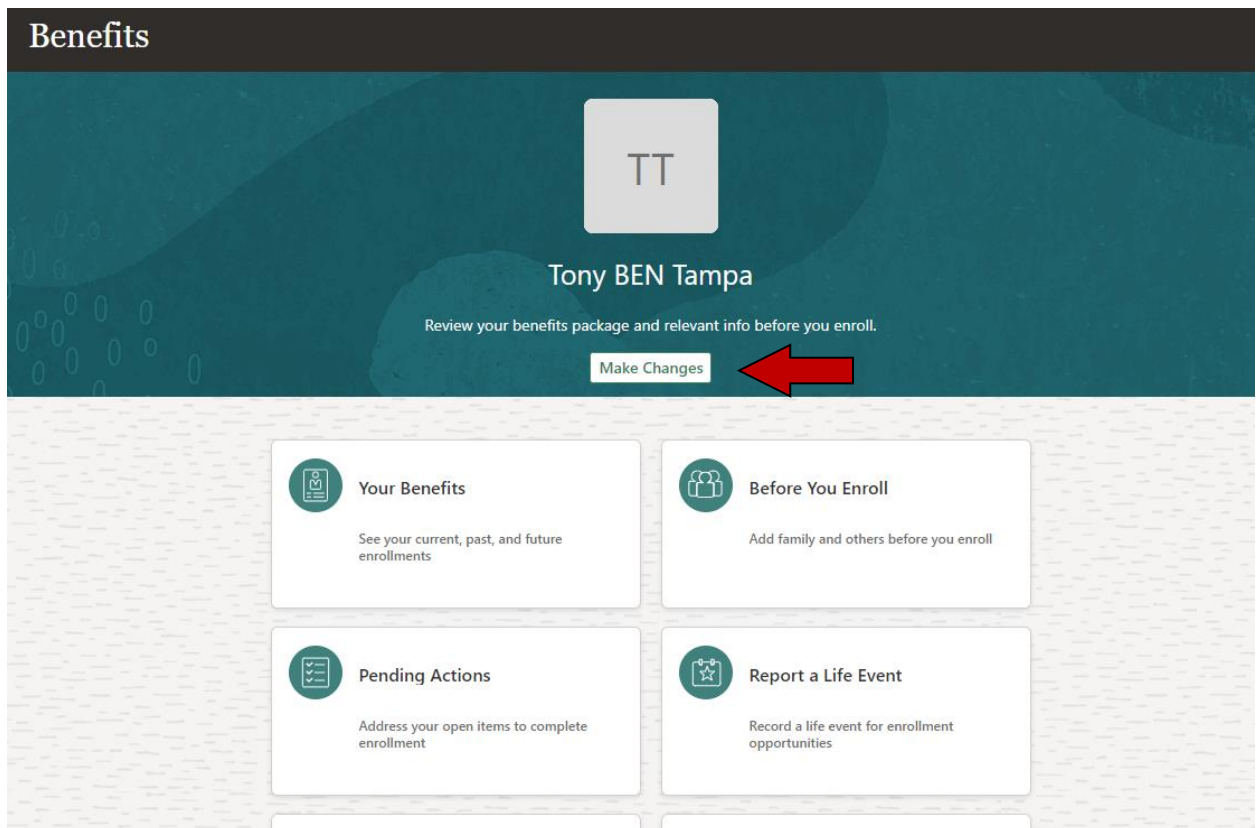
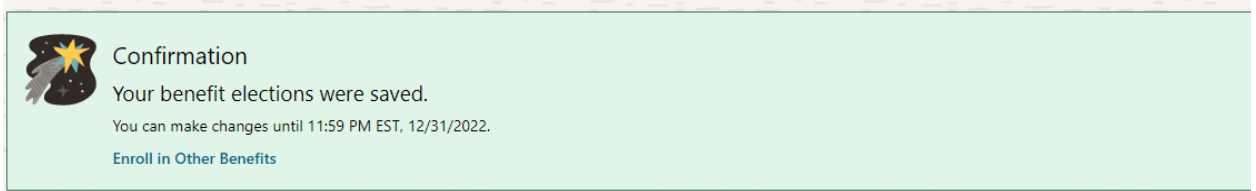
☐ **FL League of Cities PreTax** 9.23
239.98 Annually Pretax Per Pay Period

Waive PreTax Deferred Comp

☒ **Waive PreTax Deferred Comp**

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.



You have now enrolled in your City of Tampa benefits. If you desire to revisit your elections and make changes, you must do so within the first 30 days of employment. Click the **Make Changes** button as shown above. Otherwise, you may only make changes during open enrollment (fall of each year) or if you experience a life event such as birth of a child, change in marital status, or other qualifying events.

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