



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 possible to avoid the need to catch up on premiums and avoid a delay in your enrollment being reported to providers.

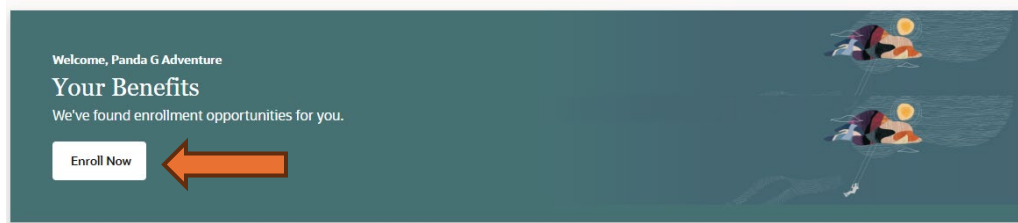
Before You Enroll

- 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, pension and/or life insurance.
- Make sure you have necessary information on each person you wish to name as a dependent and/or beneficiary. You will need their full name, date of birth, address, and social security number if you plan on enrolling them to your health, dental, and/or vision benefits.

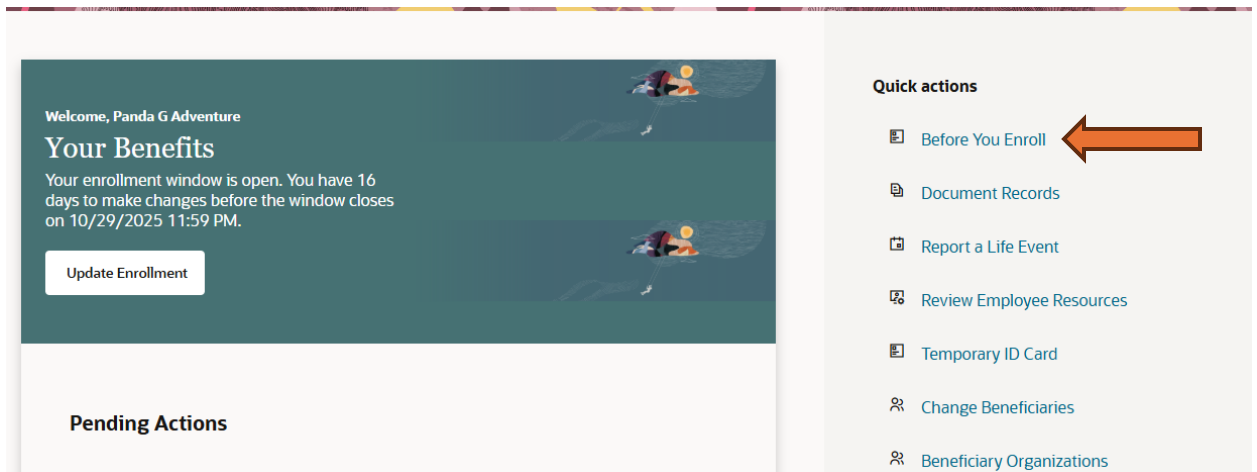
Enrolling in Benefits

During orientation you will be provided with 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 log in, you will land your personal "Me" tab.

1. Click on the **Benefits** tile and you will see this screen. Then click on **Enroll Now** as shown below.



2. *If adding dependents* press **Before You Enroll** and you will use the "add" buttons to first add dependents that you wish to cover, and to add beneficiaries. Please complete fields with the information pertaining to the dependent and/or beneficiary. After each person is entered, use the "add" button to add any additional individuals.



3. When all people are added, go back to **Enroll Now** (refer to step 1) and click on **Verify people you'd like to cover**, if you are happy press the **Continue** button.

Verify people you'd like to cover
Visited On 10/10/2025

Required

My contacts

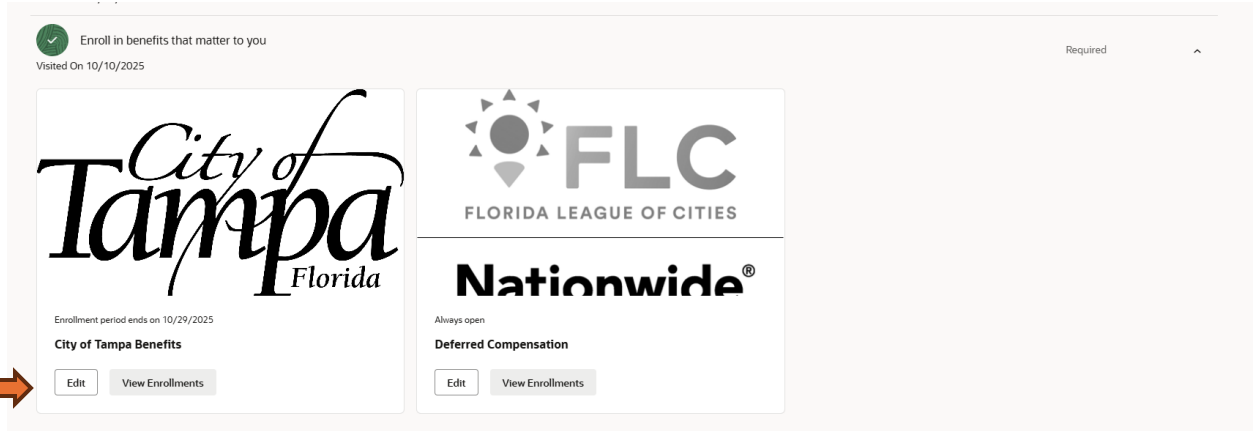
- Teddy Adventure**
Child
- Koala Adventure**
Spouse

Beneficiary Organizations

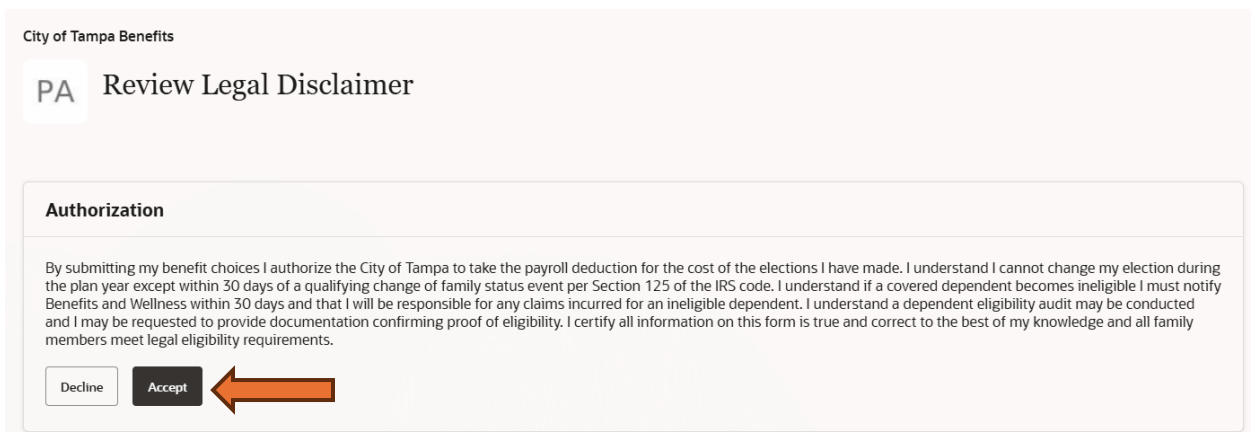
After you add beneficiary organizations, you can see them here.

[Continue](#)

4. When the screen below appears, press **Edit** under **City of Tampa Benefits** to enroll in medical, dental, vision, flexible spending, and disability benefits.



5. You will be prompted with an Authorization page, please read, this message explains that you are choosing to authorize deductions to contribute to your elected benefits and also explains that after your initial enrollment, you cannot make changes without a qualifying family status change. Click **Accept** to continue.



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

\$22.13 | \$22.13
Total Cost per Pay Period

Plan
All

Medical

City Plan with HRA
\$0.00
Employee Only

Enroll View Details

City Plan with HRA
\$238.37
Family

Enroll View Details

Simple Wellness Plan
\$21.25
Employee Only

Enroll View Details

Simple Wellness Plan
\$280.86
Family

Enroll View Details

Waive Medical Coverage

Enroll

Dental

7. After you have picked plan(s) you wish to enroll in, you will see a screen that resembles the one below. Mark the box next to the name of the dependent(s) you would like to cover for each plan. When finished, press the **Save** button.

City Plan with HRA Family

Show coverage and rates

Who do you want to cover?


Select All

☒ Koala G Adventure (Spouse)

☒ Teddy Adventure (Child)

Cancel Save

- | | | | |
|--|--|----------------------------------|---------------|
| | | Total Cost per Pay Period | \$8.56 |
| | | Pretax | \$8.56 |
| | | After Tax | \$0.00 |
| | | Annual Cost | \$222.48 |

Health Coverage 

Medical

City Plan with HRA

Employee Only

Annually

\$0.00

\$0.00

Primary

Dental

Humana DHMO

Employee Only

Annually

\$163.44

\$6.29

Primary

Vision

Superior Vision


Employee Only

Annually

\$59.04

\$2.27

Primary

Flexible Spending Accounts 

FSA Medical

Waive Medical FSA Coverage

Opted out

[benefits@tampagov.net.](mailto:benefits@tampagov.net))

4. Using the same process, you can enroll in flexible spending (FSA Medical and/or Dependent Care). Please note that the annual amount you elect is pro-rated over the remaining pay periods of the tax year.

FSA Medical

Enrolled

Medical Flexible Spending Account

\$130.00

Unenroll

View Details

Waive Medical FSA Coverage

Enroll

FSA Dependent Care

Dependent Care Flexible Spending Account

\$65.00

Enroll

View Details

Waive Dependent Care FSA Coverage

Enroll

Last updated 1 minute ago

Cancel

Continue

Please note, if you make any changes to the Health or Dependent Care tabs and then change your mind, and want to enroll, you will need to insure you “Enroll” into either of the choices (Dependent Care FSA OR Waive Dependent Care FSA Coverage) to avoid getting an error message. See below where they are both listed as “Enroll.”

Error



You need to select more options to enroll in this plan. Select at least 1 options.
(BEN-990218) Details: The plan type name is FSA Dependent Care.

Enroll

View Details

Unenroll

FSA Dependent Care

Dependent Care Flexible Spending Account

\$65.00

Enroll

View Details

Waive Dependent Care FSA Coverage

Enroll

Last updated 25 seconds ago

Cancel

Continue

5. Select the beneficiaries for your Life and ADD Salary Death Benefit in the event of your death. The percentages will need to add up to 100%.

Group Term Life Insurance

total proceeds should not exceed 100%.

Beneficiaries

Self

Primary %

Contingent %

Koala G Adventure (Spouse)

Primary 55 %

Contingent %

Teddy Adventure (Child)

Primary 45 %

Contingent %

Cancel

Save

6. Select **Save** and then **Continue**.

7. The City provides 30% long-term disability benefit free of charge to full-time employees, but you also have the option of increasing the coverage to either 50% or 60% (at a cost to you). Press continue when done reviewing.

City of Tampa Benefits

PA LTD

\$2.02 | **\$2.02**
Total Cost per Pay Period

Plan: All

LTD

Long Term Disability	Enrollment	Cost	Percentage	Buttons
30%	Unenrolled	\$2.02	50%	Enroll, View Details
50%	Enrolled	\$2.02	50%	Unenroll, View Details
60%	Unenrolled	\$6.21	60%	Enroll, View Details

Last updated 4 minutes ago

Cancel **Continue**

8. You will now elect your Pension and Last Paycheck beneficiaries and press **Continue**.

City of Tampa Benefits

PA Beneficiary Designations

\$0.00 | **\$291.02**
Total Cost per Pay Period

Plan: All

Beneficiary Designations

Designation	Automatic	Options	Buttons
GE Pension Plan B 1x Salary Death Benefit	Automatic	55% Koala G Adventure / 45% Teddy Adventure	Unenroll, Edit
Last Paycheck	Automatic	55% Koala G Adventure / 45% Teddy Adventure	Unenroll, Edit

Cancel **Continue**

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

City of Tampa Benefits
PA
Review and Submit

Total Cost per Pay Period
\$291.02

Pretax
\$289.00

After Tax
\$2.02

Annual Cost
\$7,566.61

Health Coverage

Medical
City Plan with HRA
Family
Self, Koala G Adventure (Spouse), Teddy Adventure (Child)
Annually
\$6,197.64

Dental
Humana PPO
Employee Plus Family
Self, Koala G Adventure (Spouse), Teddy Adventure (Child)
Annually
\$1,198.08

View Report

Submit

717

Review Legal Disclaimer

Health Coverage

Flexible Spending Accounts

Life and ADD

LTD

Beneficiary Designations

Review and Submit

14 You will be able to verify Enrollments by selecting **View Report** and print if desired.

Enrollments
City of Tampa Benefits

View Report

Total Cost per Pay Period
\$2.02

Pretax
\$0.00

After Tax
\$2.02

Annual Cost
\$52.57

Medical
City Plan with HRA
Family
Panda G Adventure (Self), Koala G Adventure (Spouse), Teddy Adventure (Child)
Annually
\$6,197.64

Dental
Humana PPO
Employee Plus Family
Panda G Adventure (Self), Koala G Adventure (Spouse), Teddy Adventure (Child)
Annually
\$1,198.08

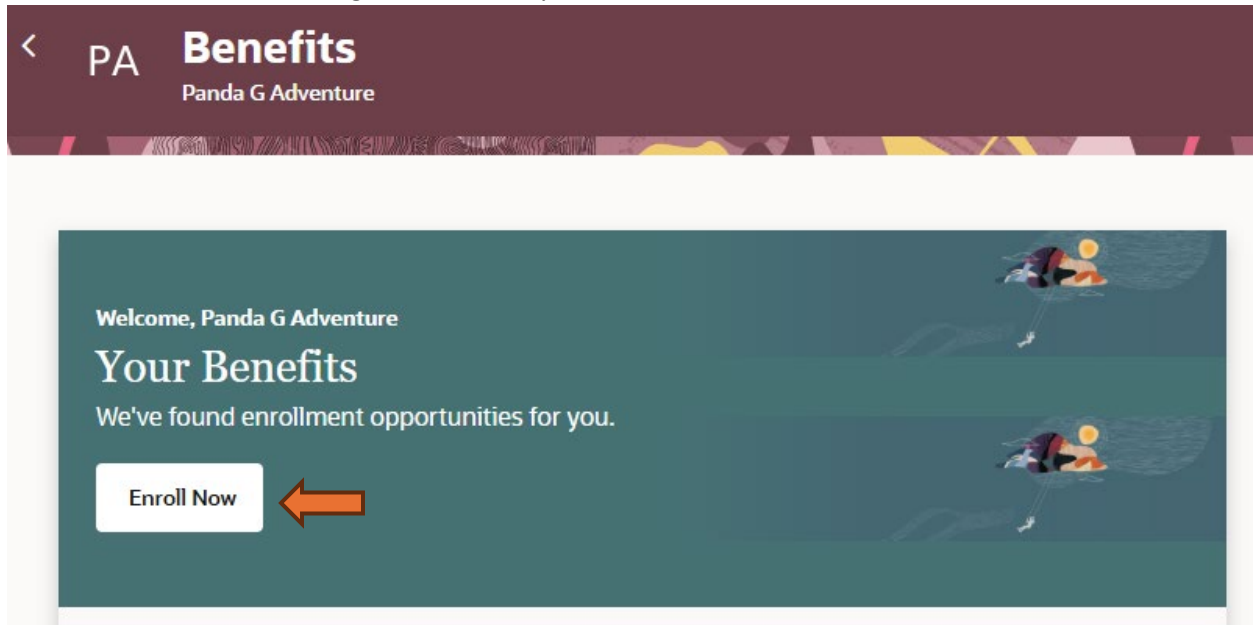
Vision
Superior Vision
Employee Plus One
Panda G Adventure (Self), Koala G Adventure (Spouse)
Annually
\$118.32

FSA Medical
Waive Medical FSA Coverage

Please be advised, if you are adding dependents to your benefits, your account will show as “Suspended” and you will be required to send Supporting Legal Documents (Marriage and/or Birth Certificates).

After meeting with one of the Deferred Compensation representatives, you will need to log onto your Oracle to start deductions. *Bear in mind that any change will take effect for the pay period that you submit your initial enrollment or change your election.*

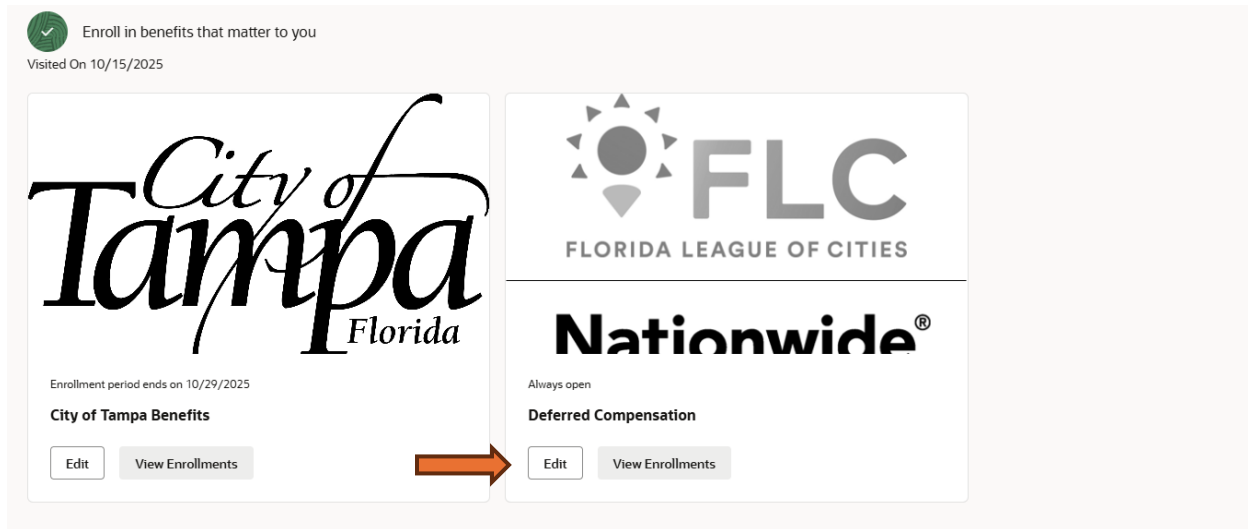
1. To start the process click on the **Benefits** tile and you will be directed to this screen. If this is your initial enrollment, you will see **Start Enrollment**; however, if you are looking to update your investment selection or change the amount, you will see **Enroll Now** as shown below.



2. This will automatically take you to the following page. Please select **Enroll in benefits that matter to you.**

Before you enroll		Tasks Viewed	0 of 4
Get to know your benefits	Optional		▼
Choose how you want to enroll	Required		▼
Verify people you'd like to cover	Required		▼
Enroll in benefits that matter to you	Required		▼

3. When the screen below appears, click under **Deferred Compensation** to begin enrollment or make changes to your existing account.



4. 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 these elections can be changed during the year, and election changes will be effective for the pay period they occur.

Decline **Accept**

5. You can check whether to enroll in either pre-tax and/or Roth post-tax deferred compensation. Click the **Enroll** 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 and click **Continue**.

Deferred Compensation

PA Deferred Compensation Pre Tax

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.

\$0.00 | **\$0.00**
Total Cost per Pay Period

Plan
All

Deferred Compensation PreTax

Nationwide PreTax

\$9.23

Enroll View Details

FL League of Cities PreTax

\$9.23

Enroll View Details

Enrolled

Waive PreTax Deferred Comp

Unenroll

Cancel Continue

6. Confirm the amount you want to contribute - use the “pencil” to edit the amount. When you are satisfied, click **Save**. After a final review, click **Submit**.

APR-2025. ***

FL League of Cities PreTax

Primary
9.23

[Hide coverage and rates](#)

Annually
\$239.98

Plan
All

Enrolled FL League of Cities PreTax

\$9.23

Unenroll View Details

Waive PreTax Deferred Comp

Enroll

Cancel Save

7. Once you are happy with your election amount(s), select **Continue**.
Please note you will prompted to make elections for your deferred comp pretax as well as after tax.


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.

\$9.23 | **\$18.46**
Total Cost per Pay Period

Plan
All

Deferred Compensation PreTax

Nationwide PreTax
\$9.23

Enrolled FL League of Cities PreTax
\$9.23
 

Waive PreTax Deferred Comp





8. Select **Submit**.

Deferred Compensation

PA Review and Submit

Total Cost per Pay Period	\$18.46
Pretax	\$9.23
After Tax	\$9.23
Annual Cost	\$479.96

Deferred Compensation Pre Tax	
Deferred Compensation PreTax FL League of Cities PreTax	\$9.23 Primary
Annually \$239.98	

Deferred Compensation Roth After Tax	
Deferred Compensation Roth After Tax FL League of Cities Roth After Tax	\$9.23 Primary
Annually \$239.98	



9. A confirmation screen will appear for Deferred Compensation. You may view a summary of your changes by selecting **View Enrollments** and then selecting **View Report**.

Enroll in benefits that matter to you
Visited On 10/15/2025

Required

Enrollment submitted
You can go ahead and enroll in other benefits that are available to you. Or you can continue with the rest of the process.

Enrollment period ends on 10/29/2025
City of Tampa Benefits

Edit
View Enrollments

Nationwide®

Visited
Always open

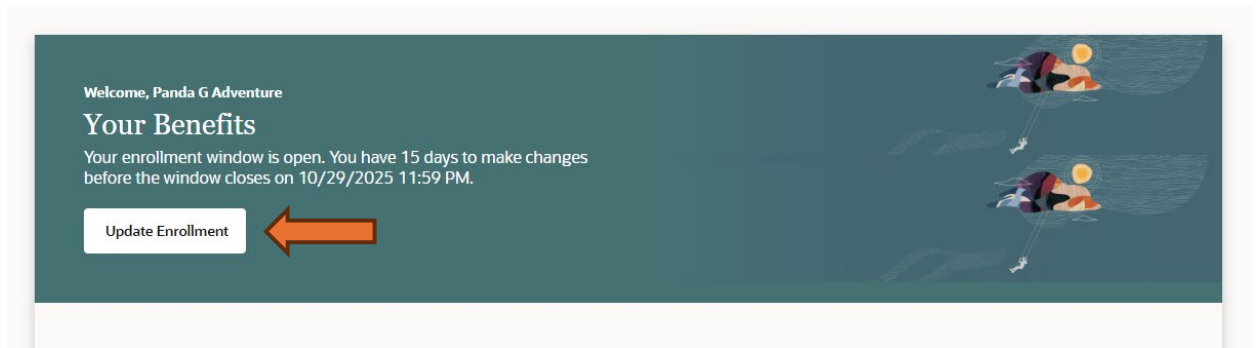
Deferred Compensation

Edit
View Enrollments

Enrollments
Deferred Compensation

View Report

		Total Cost per Pay Period	\$18.46
		Pretax	\$9.23
		After Tax	\$9.23
		Annual Cost	\$479.96
Deferred Compensation PreTax			\$9.23
FL League of Cities PreTax			Primary
Panda G Adventure (Self)			
Coverage Start Date	Annually		
10/15/2025	\$239.98		
Deferred Compensation Roth After Tax			\$9.23
FL League of Cities Roth After Tax			Primary
Panda G Adventure (Self)			
Coverage Start Date	Annually		
10/15/2025	\$239.98		



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 **Update Enrollment** 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.