New Employee Benefits Enrollment

Welcome to the City of Tampa! As a new member of the City, 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.

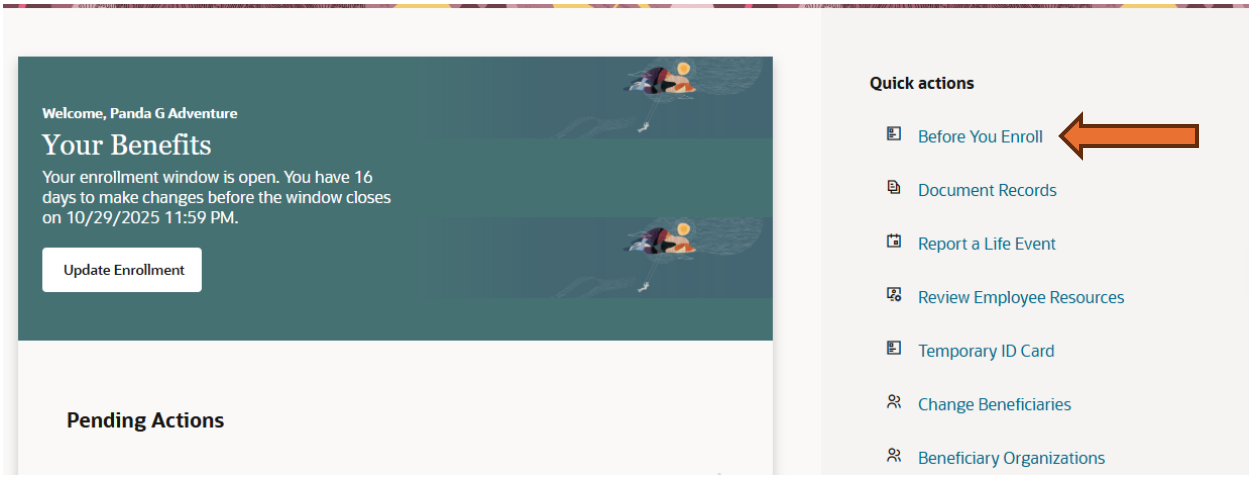
Before You Enroll

- Think about which dependents you plan to cover under your medical, dental and vision benefits as well as 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. *Please note; you will need the full name, date of birth, address, and social security number if you plan on enrolling someone to your health, dental, and/or vision benefits*.

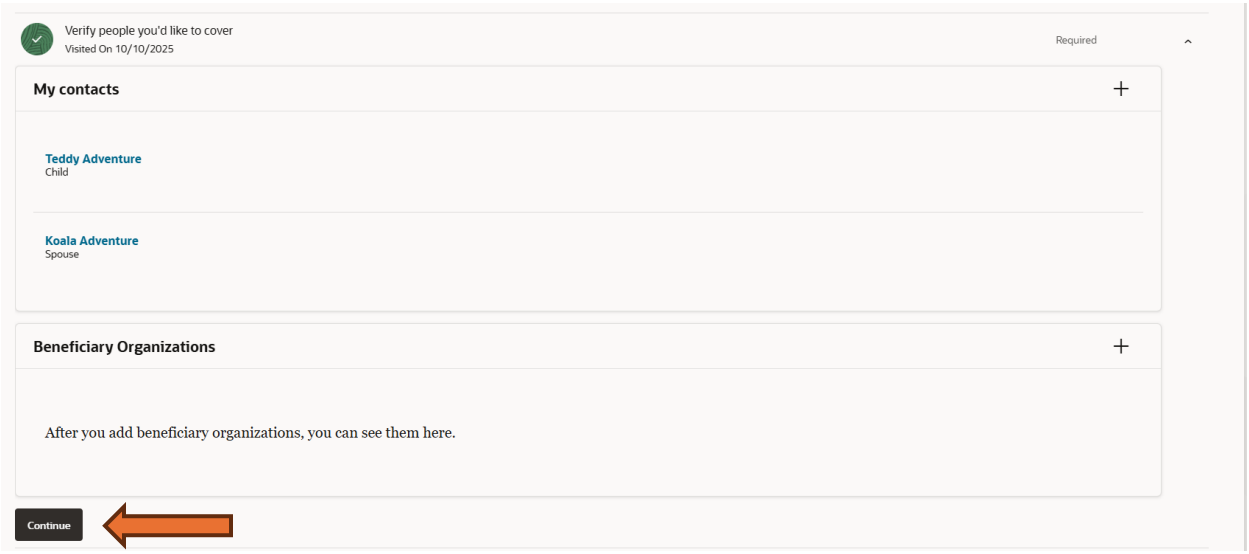
Enrolling in Benefits

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 on your personal "Me" tab.

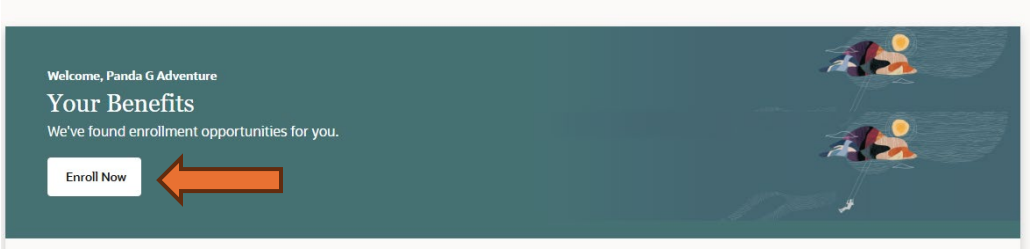
1. As previously explained, before enrolling to your benefits please refer to **Quick Action**s on the right side of the screen and press **Before You Enroll.** You will use the **plus (or +)** button to add dependents and/or beneficiaries. Complete fields with the information pertaining to the dependent and/or beneficiary. *Please note, if adding individuals to your benefits, you will be required to add a Social Security number (found under National Identifiers at the bottom of the page). However, we do not need Social Security numbers for beneficiaries.*
   After each person is entered, use the **"plus"** button to add additional individuals.



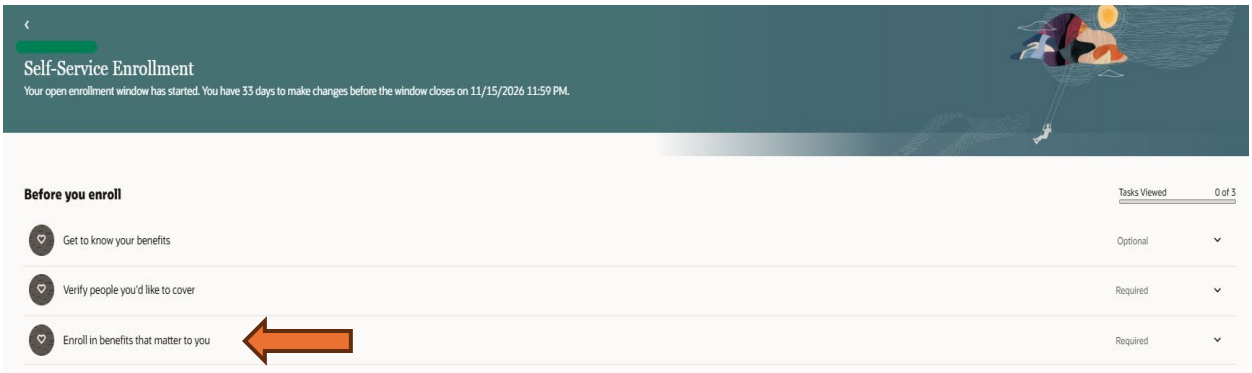
2. When all individuals are added, **verify people you'd like to cover,** if you are happy, press the **Continue** button.



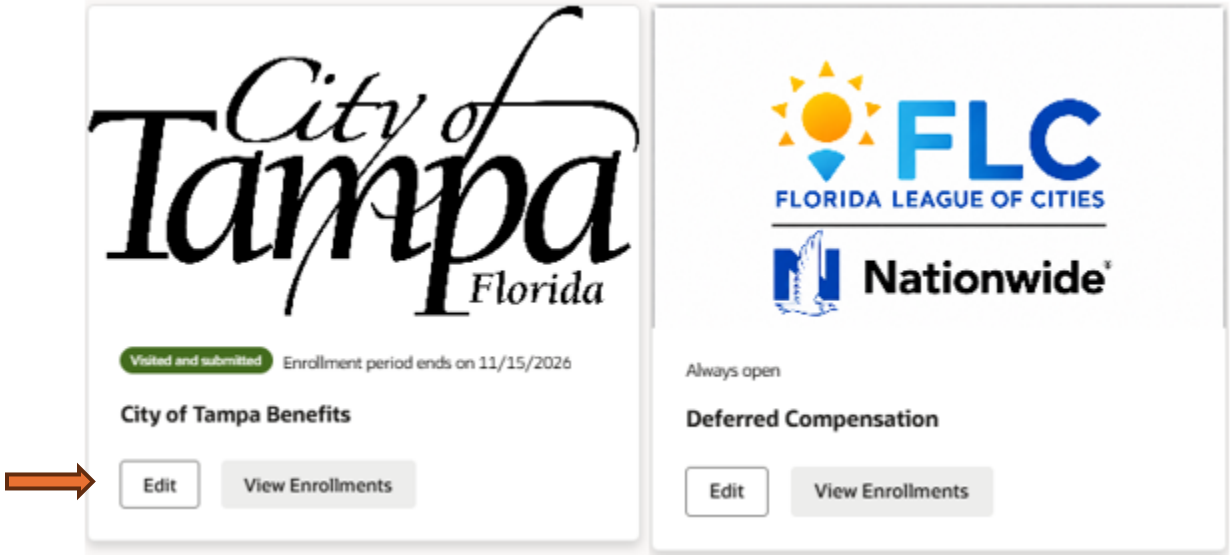
3. Under the **Benefits** screen you will see this screen. Click on **Enroll Now** as shown below.



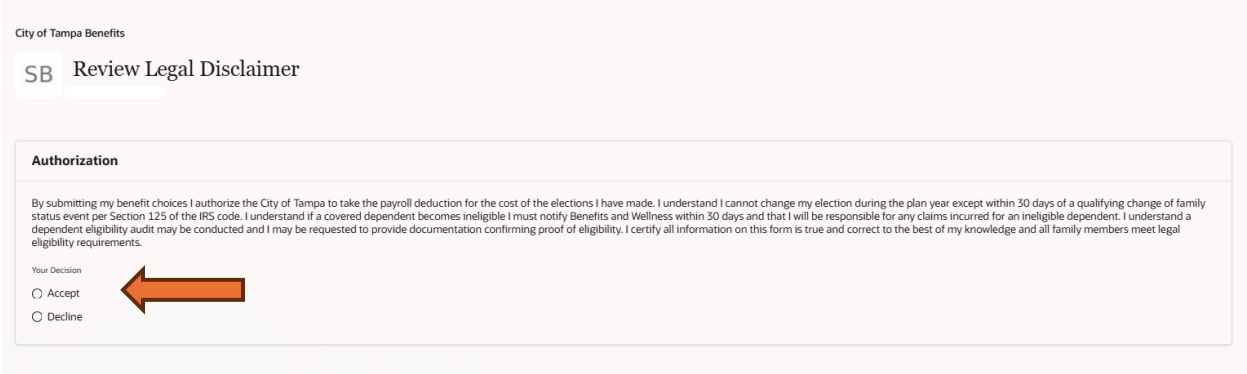
4. This will automatically take you to the following page. Please select **Enroll in benefits that matter to you.**



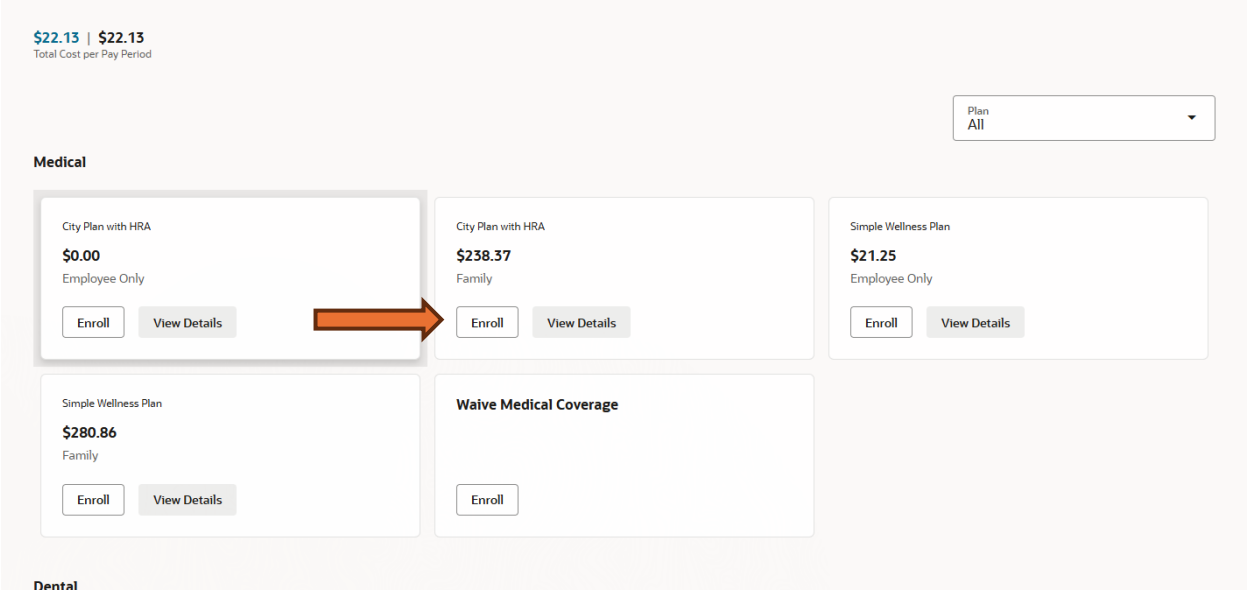
4. When the screen below appears, press **Edit** under **City of Tampa Benefits** to enroll into medical, dental, vision, flexible spending, disability benefits and also add beneficiaries.



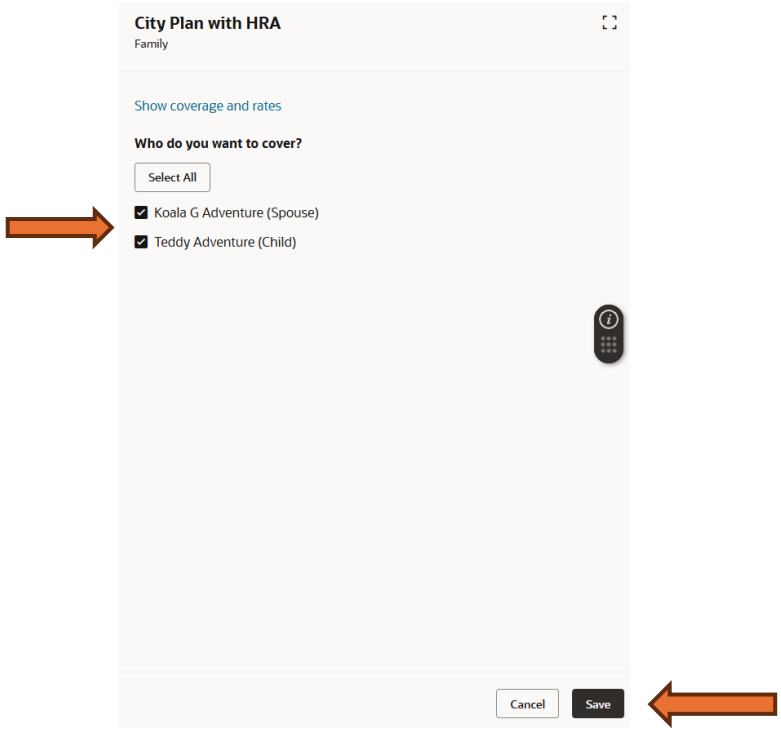
5. You will be prompted with an Authorization page, please read, this message explains that you are choosing to authorize deductions to contribute to your elected benefits and also explains that after your initial enrollment, you cannot make changes unless you experience a qualifying family status change. Click **Accept** to continue**.**



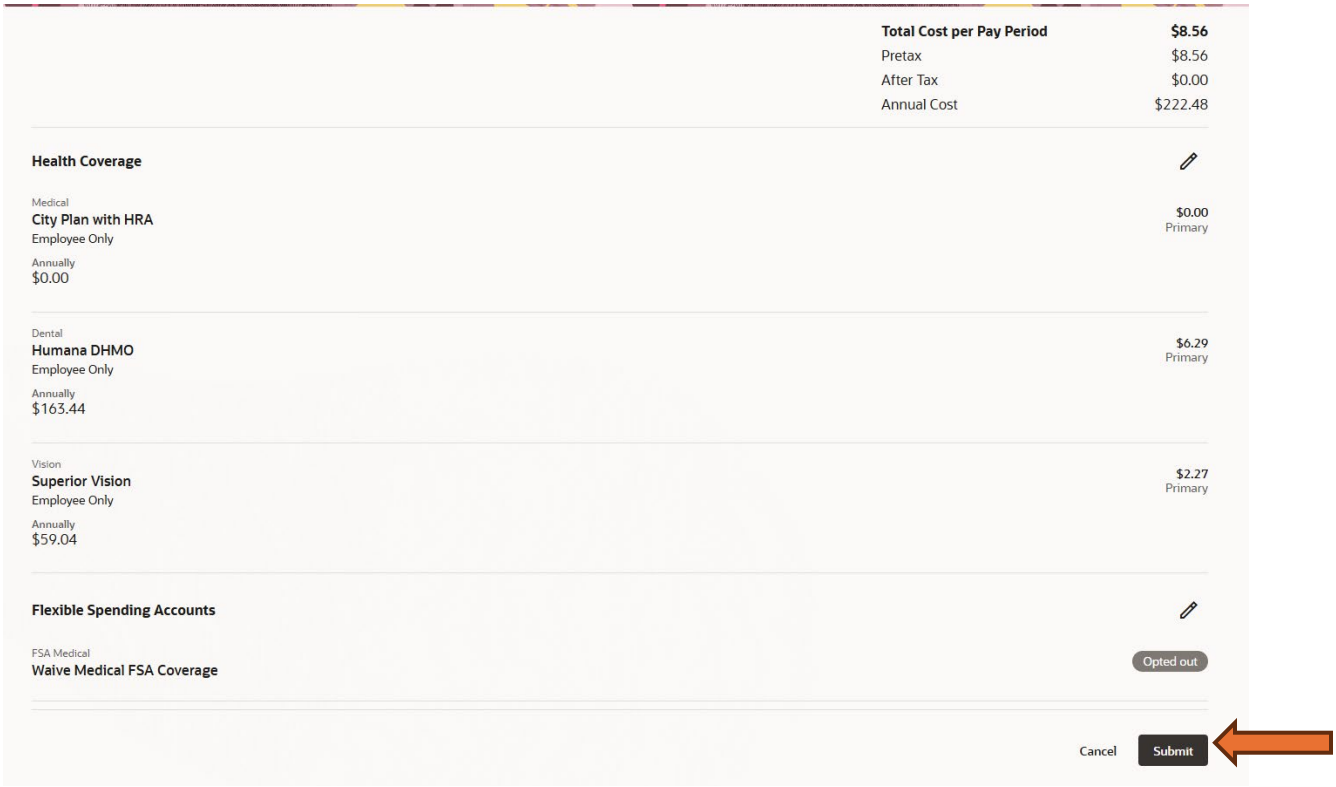
6. For each coverage area, click the **Enroll** button. This will allow you to select plan options and which dependent(s) you would like to cover.



7. After you have selected the plan 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.



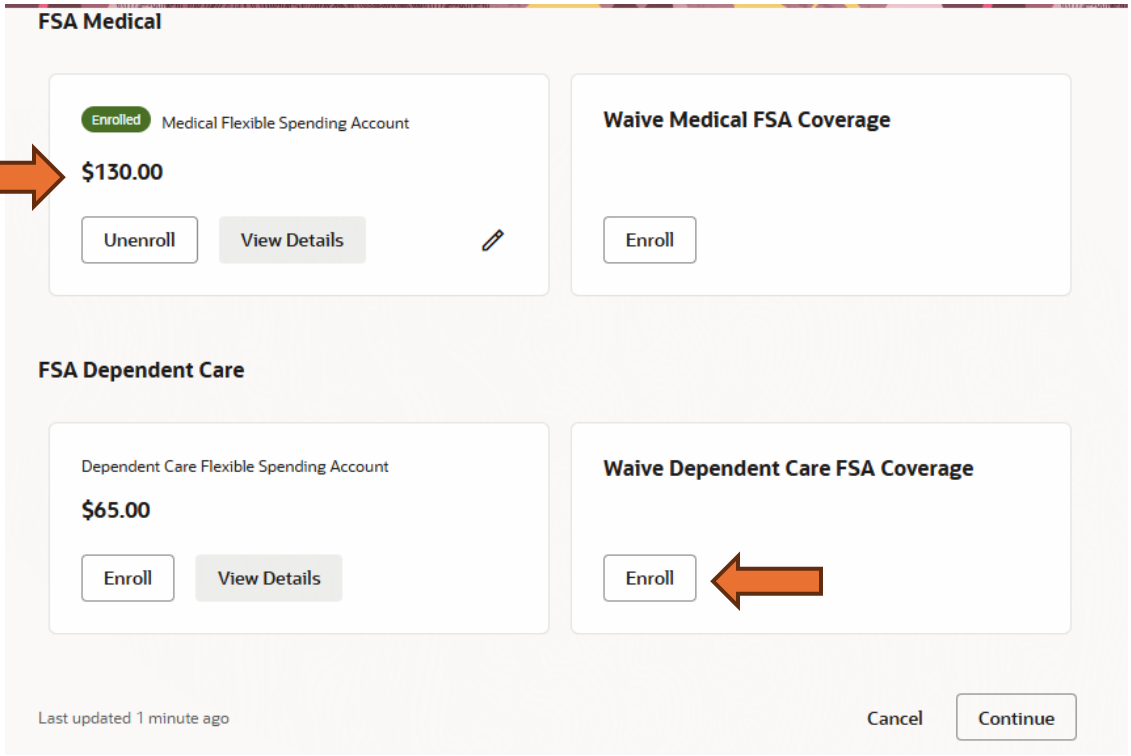
8. If the information below is correct, select **Submit.**



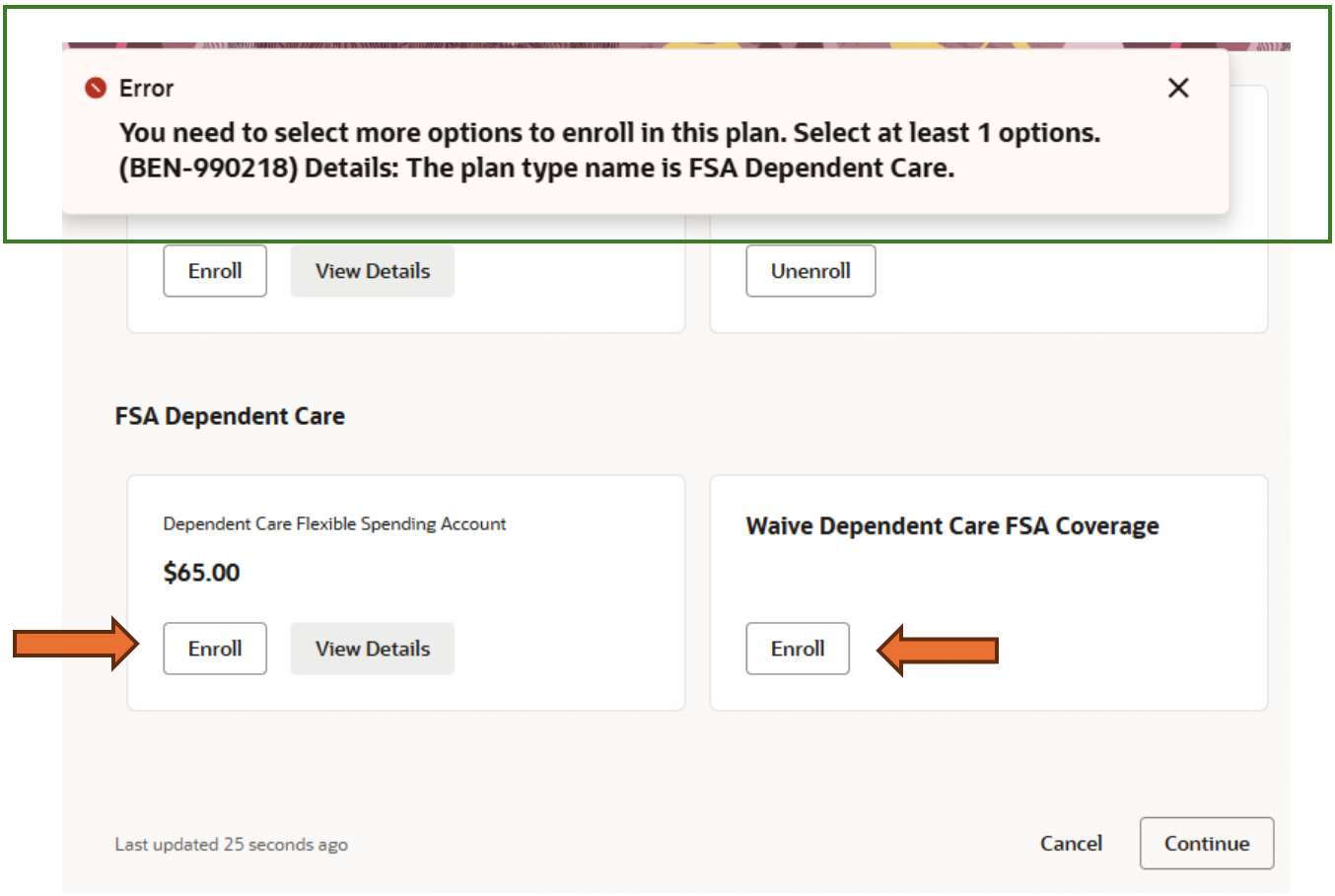
(Note: to add dependents – not beneficiaries - you will need to provide birth certificates and/or marriage certificates by uploading to Oracle or email to the Benefits Team at:

benefits@tampagov.net). PLEASE DO NOT EMAIL SOCIAL SECURITY CARD OR NUMBER (UNLESS IT'S BEING SENT VIA SECURE EMAIL); OUR EMAIL IS PUBLIC RECORD.

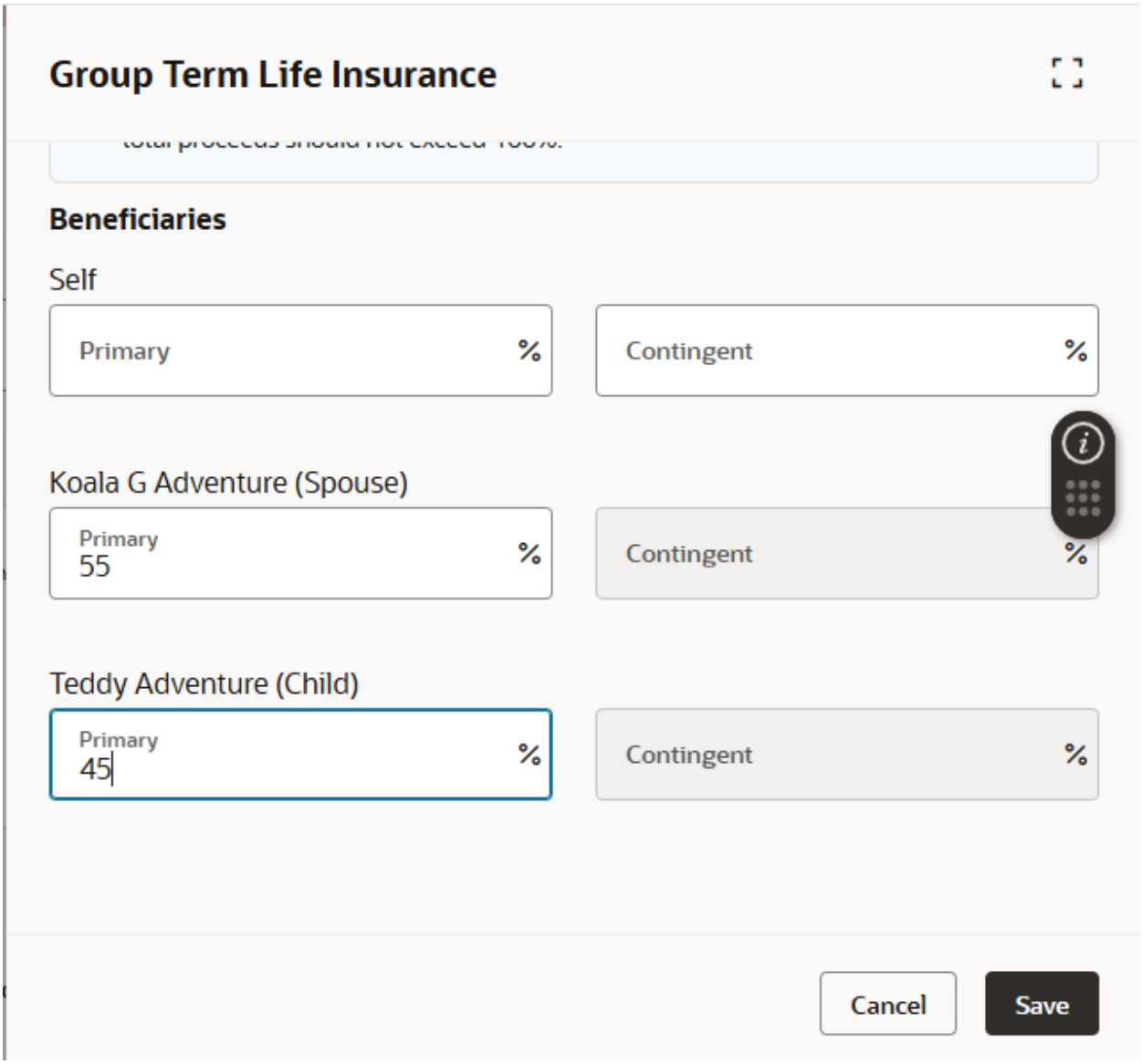
4. Using the same process, you can enroll in Flexible Spending (FSA Medical and/or Dependent Care). Please note that the annual amount you elect is pro-rated over the remaining pay periods of the tax year.



Please note, to avoid getting an error message, ensure you "Enroll" into either of the choices under both Medical and Dependent Care. See below where they are both listed as "Enroll."

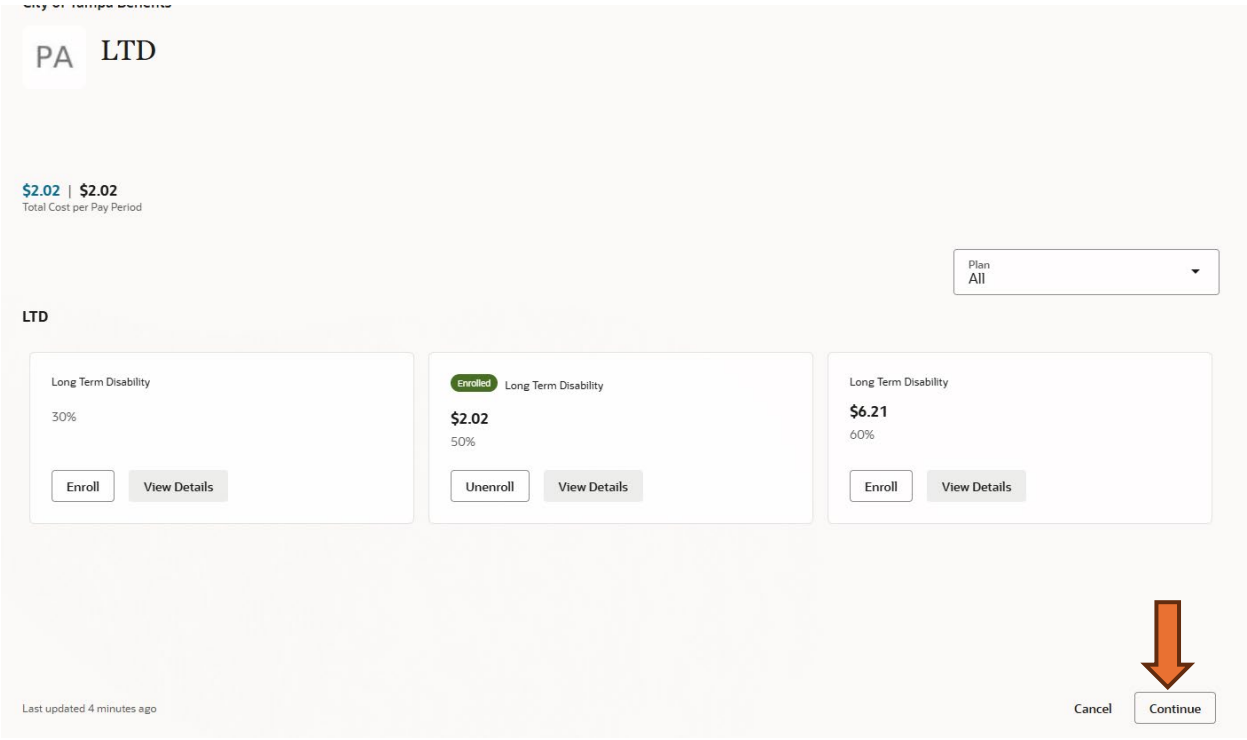

Error
You need to select more options to enroll in this plan. Select at least 1 options. (BEN-990218) Details: The plan type name is FSA Dependent Care.
Enroll
View Details
Unenroll
FSA Dependent Care
Dependent Care Flexible Spending Account
$65.00
Enroll
View Details
Waive Dependent Care FSA Coverage
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% on each column.

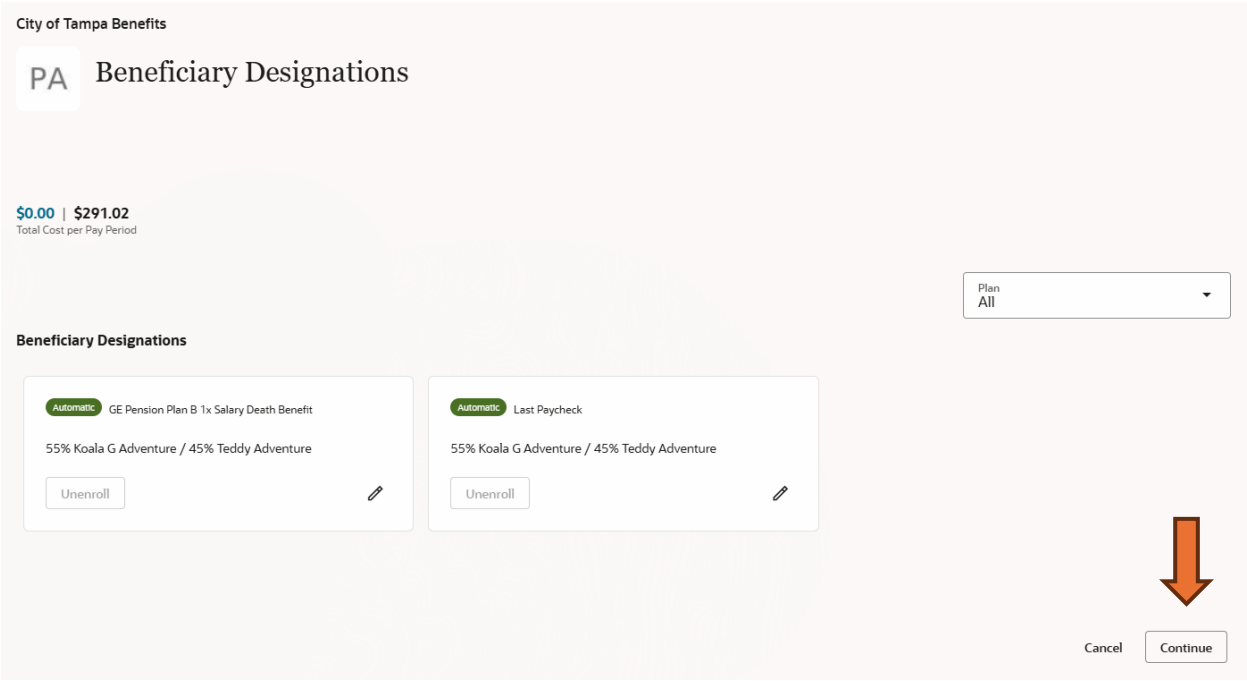


6. Select **Save** and then **Continue**.

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.



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



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



14 You may generate a Benefits Confirmation and Summary by selecting **View Report** located below.

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)

$238.37 Primary — Suspended

Coverage Start Date
10/12/2025

Annually
$6,197.64

Dental
Humana PPO
Employee Plus Family
Panda G Adventure (Self), Koala G Adventure (Spouse), Teddy Adventure (Child)

$46.08 Primary — Suspended

Coverage Start Date
10/12/2025

Annually
$1,198.08

Vision
Superior Vision
Employee Plus One
Panda G Adventure (Self), Koala G Adventure (Spouse)

$4.55 Primary — Suspended

Coverage Start Date
10/12/2025

Annually
$118.32

FSA Medical
Waive Medical FSA Coverage

Opted out

City of Tampa Florida

Benefits Confirmation and Summary

[redacted]

Employee Number [redacted]

As a result of your Open event on date 1/1/2026, you have elected the following benefits.
You acknowledge that by electing benefits, you are authorizing bi-weekly deductions with respect to those benefits that will remain in effect at least until the next open enrollment period, or until you are able to make a change to your benefits as a result of a qualifying life event.

City of Tampa Benefits

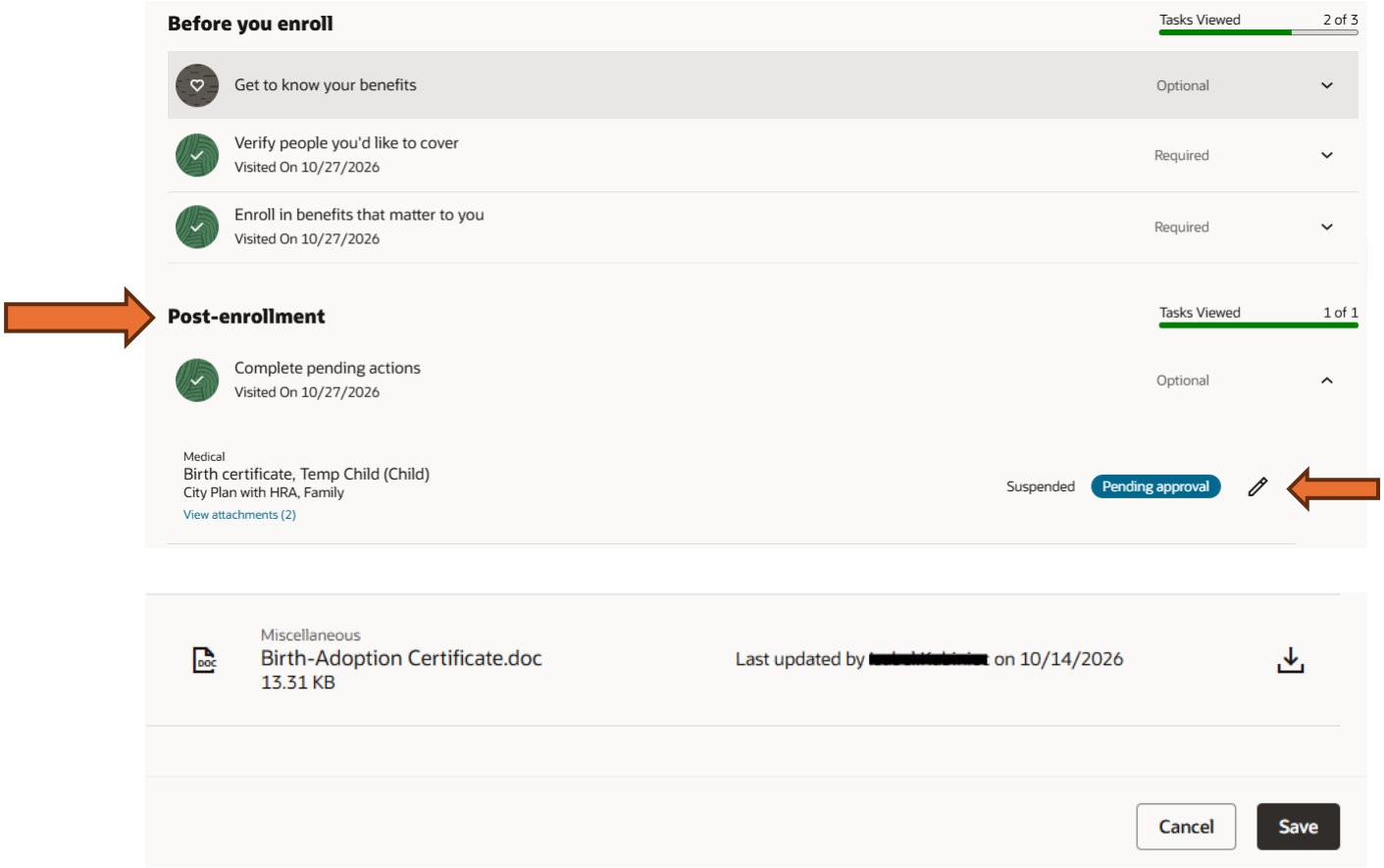
Benefits Selections
You made the following explicit selections.

Plan	Option	Coverage	Original Coverage Start Date	Coverage Start Date	Coverage End Date	Your Pretax Contribution	Your Post tax Contribution	City Contributions

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 Certificate if adding a spouse, and/or Birth Certificate(s) if adding child(ren).

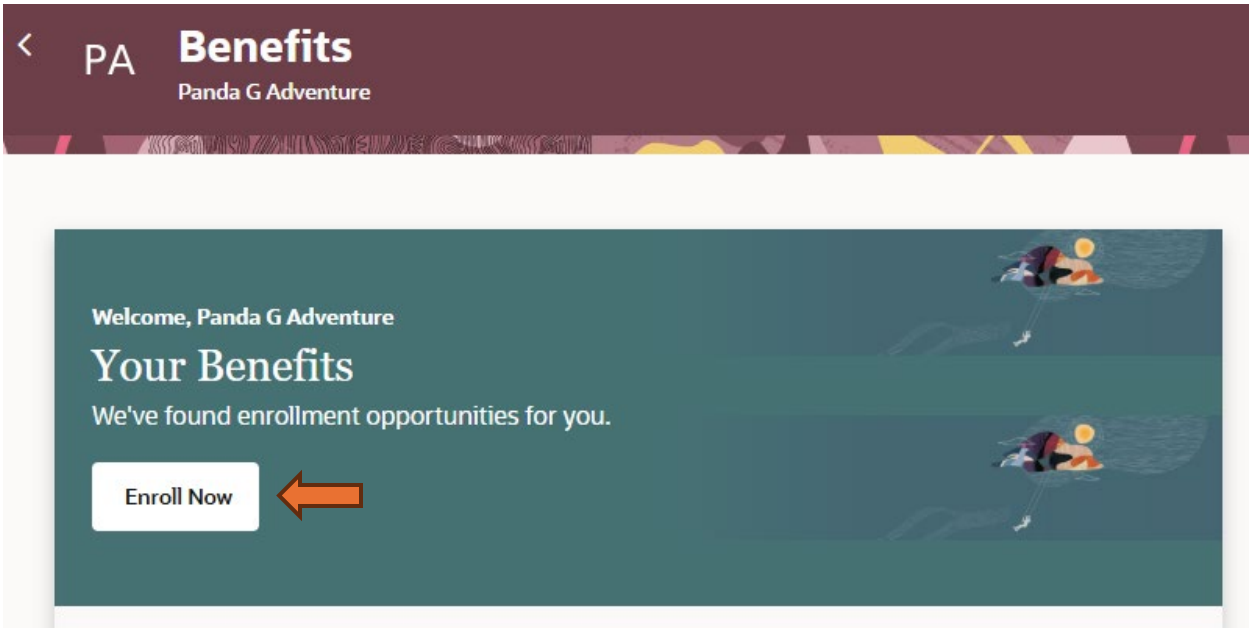
You may upload by going under "Post-enrollment" and pressing the pencil icon; this will allow you to upload your document(s).

You may also email your documents to the Benefits Team at: benefits@tampagov.net.

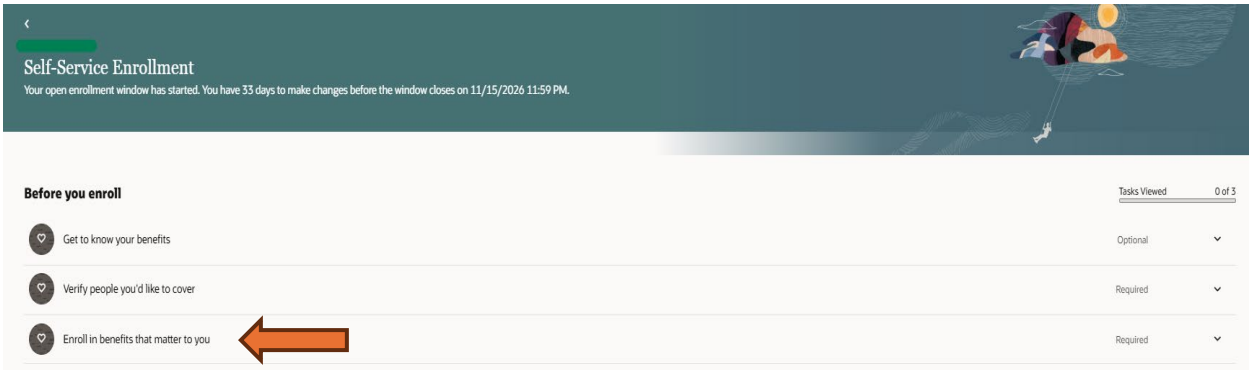


After meeting with one of the Deferred Compensation representatives, you will need to log onto your Oracle to start deductions. *Bear in mind that any change will take effect for the pay period that you submit your change request.*

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.



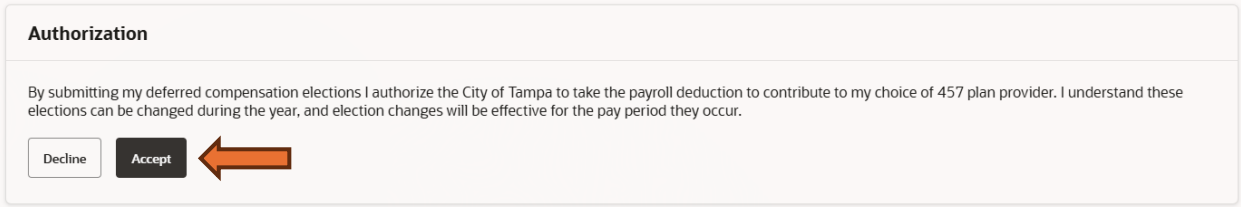
2. This will automatically take you to the following page. Please select **Enroll in benefits that matter to you.**



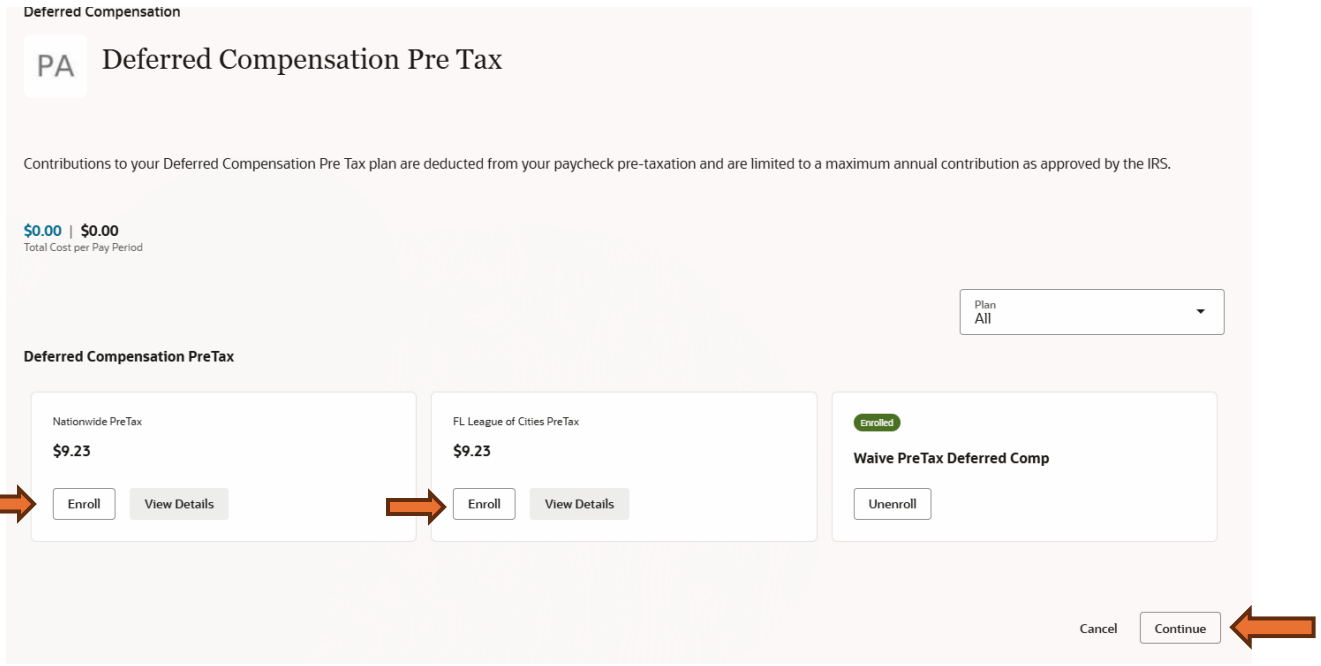
3. When the screen below appears, click under **Deferred Compensation** to begin enrollment or make changes to your existing account.



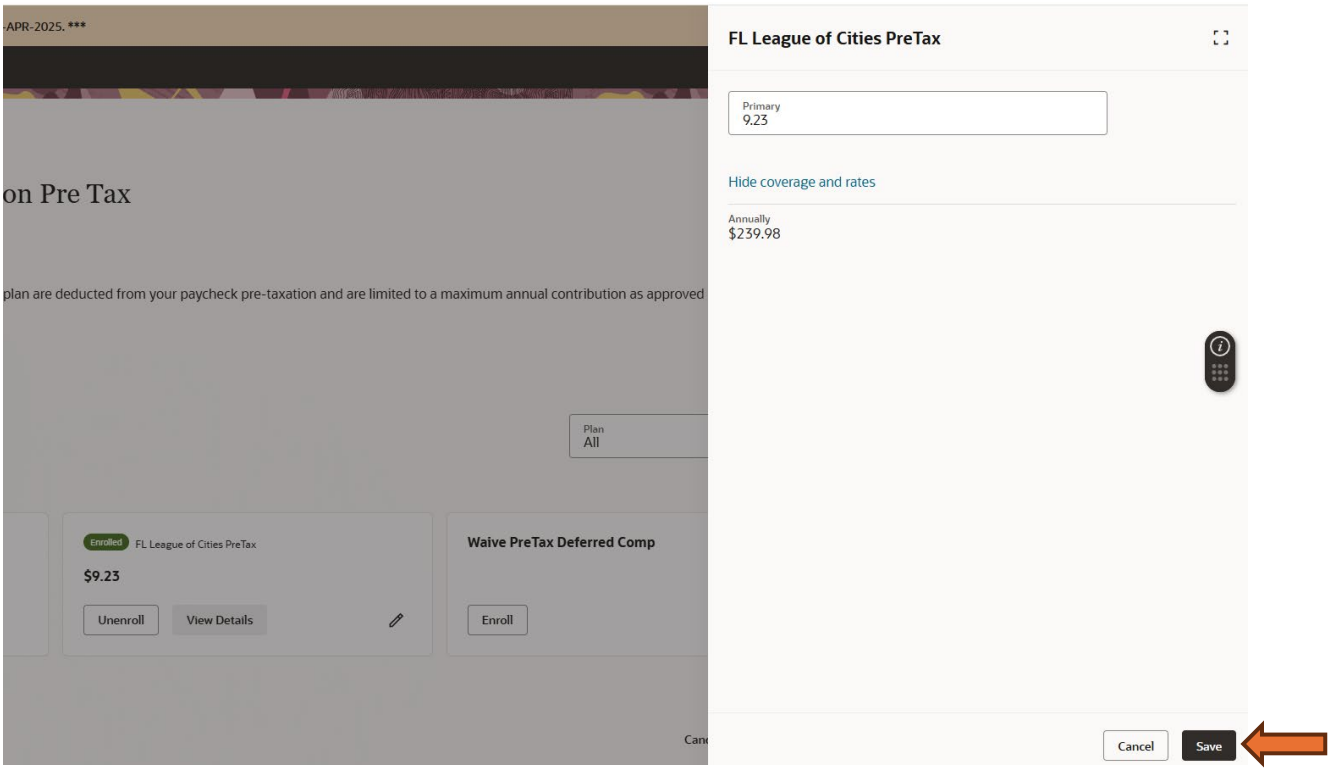
4. You will come to an Authorization page, please read, this message explains that you are choosing to authorize deductions to contribute to your 457 plan and also explains that you can change these elections during the year. Click **Accept** to move forward.



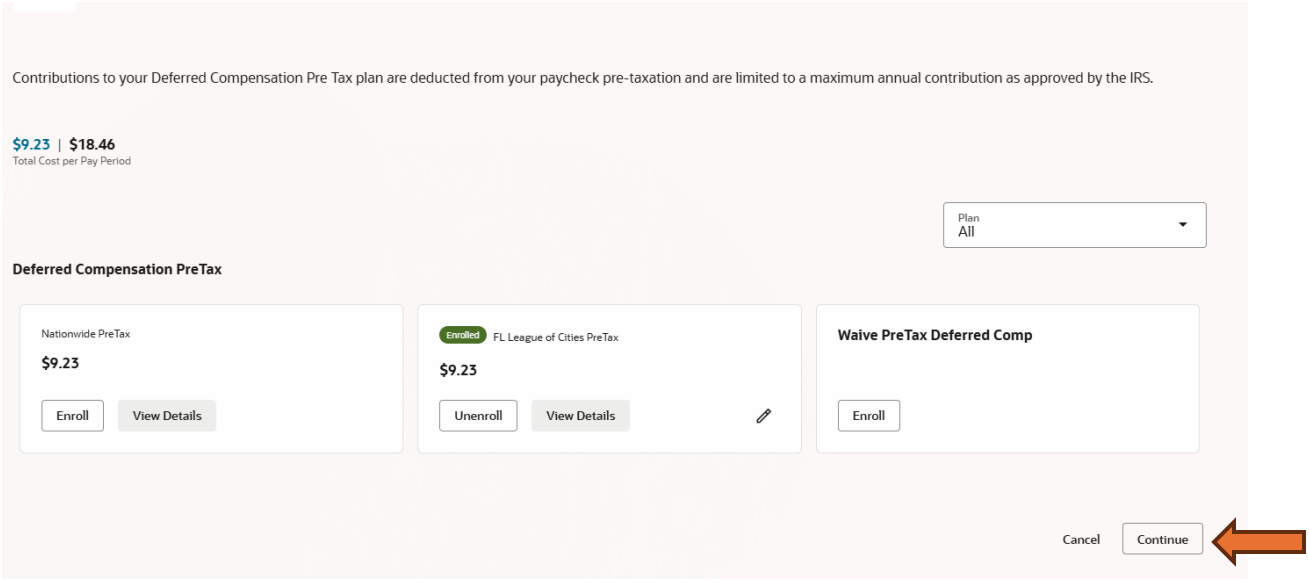
5. You can check whether to enroll in either pre-tax and/or Roth post-tax deferred compensation. Click the **Enroll** button to select which plan, Nationwide *or* FL League of Cities. The annual amount and per pay-period contribution shown for each is the minimum.
   Select your plan, then your per pay-period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



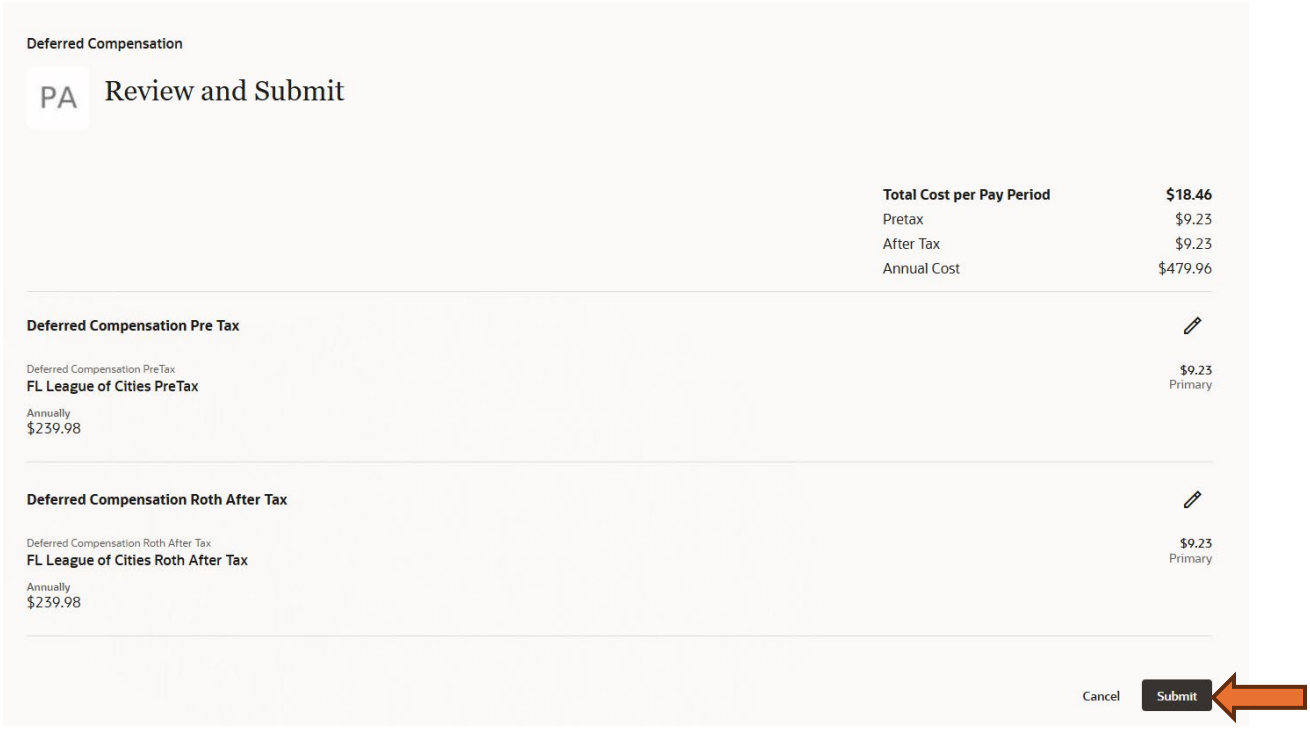
6. Confirm the amount you want to contribute - use the "pencil" to edit the amount. When you are satisfied, click **Save.** After a final review, click **Submit**.



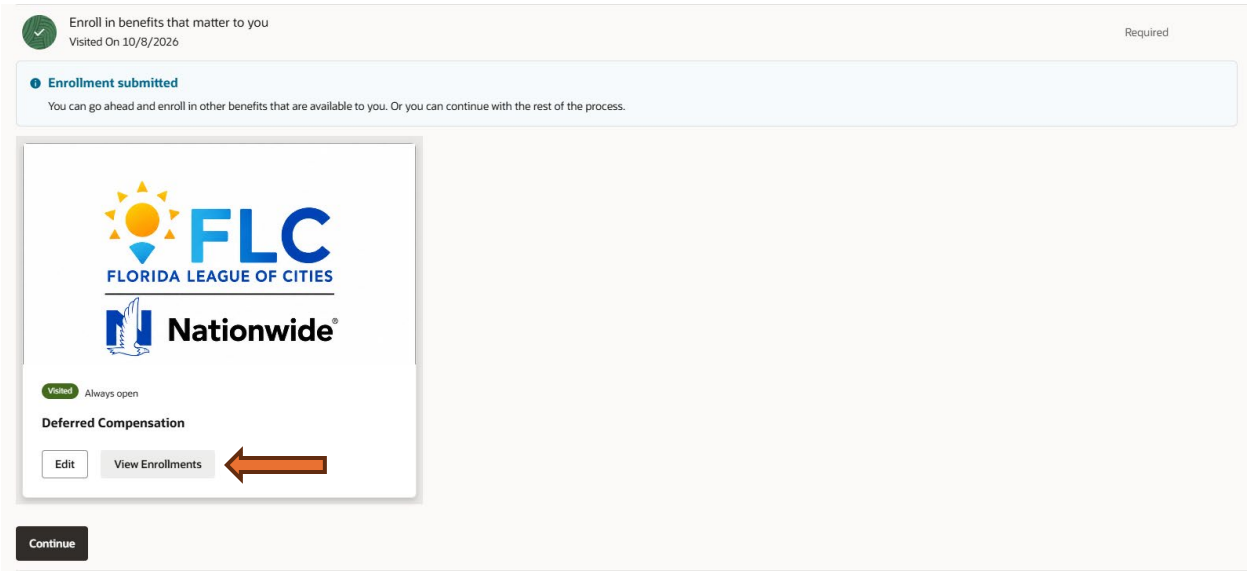
7. Once you are happy with your election amount(s), select **Continue.**
Please note, you will be prompted to make elections for your deferred comp pretax as well as after tax; you have the option of choosing one or both options.

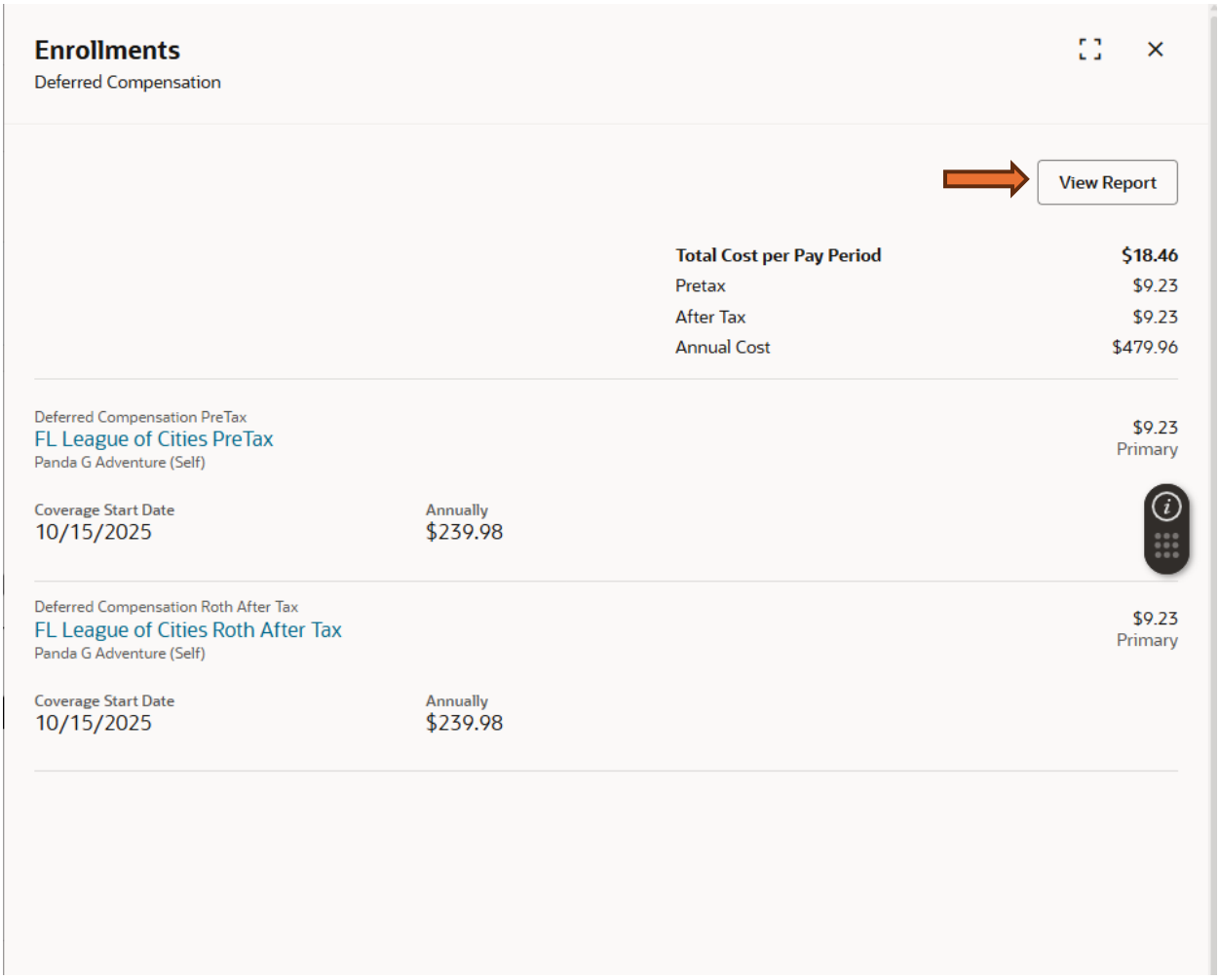


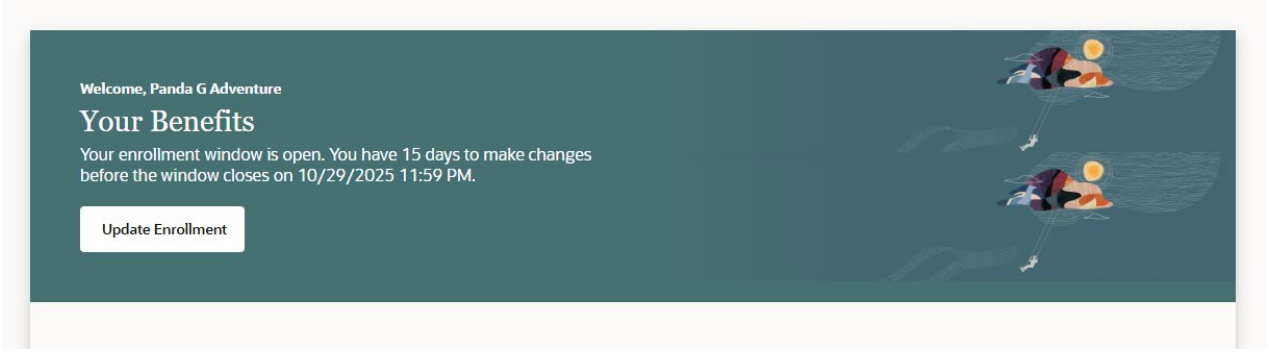
8. Select **Submit.**



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 10/8/2026
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.
FLC
FLORIDA LEAGUE OF CITIES
Nationwide
Visited
Always open
Deferred Compensation
Edit
View Enrollments
Continue


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
FL League of Cities PreTax
Panda G Adventure (Self)
$9.23
Primary
Coverage Start Date
10/15/2025
Annually
$239.98
Deferred Compensation Roth After Tax
FL League of Cities Roth After Tax
Panda G Adventure (Self)
$9.23
Primary
Coverage Start Date
10/15/2025
Annually
$239.98


Welcome, Panda G Adventure
Your Benefits
Your enrollment window is open. You have 15 days to make changes before the window closes on 10/29/2025 11:59 PM.
Update Enrollment

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. Other than your initial eligibility, 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 and notify us within 30 days from the date of event. If you have questions, please contact the Benefits Team at benefits@tampagov.net or by phone at 813-274-5757.