

# Annual Benefits Enrollment



## Plan Year 2025 Online Benefits Enrollment Guide



**CITY OF  
TALLAHASSEE**

## ENROLLMENT GUIDE

Information you need before beginning enrolling	2
Important Definitions and Age Limitations	3
Navigating to and Logging-on to PeopleSoft HRMS	4-5
Navigating to Self Service Online Benefits Enrollment	6
Talk to ALEX©	7
How to make changes to your current benefits	8-12
How to select/change/remove dependents	10
How to add new dependents	11
How to view information about the plans and move between screens	12
Saving your benefit elections/receiving a copy of your changes	13-15
How to go back and make additional changes	16
Where to access benefit forms and submission deadline	17
Troubleshooting	18-20

## Information You Need Before Beginning Enrollment

- PeopleSoft HRMS User ID and Password**  
*(If you have forgotten or do not know your User ID and Password, please contact the Technology and Innovation Support Team at 891-8855. They can assist Monday through Friday from 7:30am – 5:00pm.)*
  
- A Valid Email Address**  
*(You may use a current personal email address, your Talgov email address or you can easily create an email address through any free web-based email provider, such as Yahoo, AOL, or Hotmail.)*
  
- Social Security Number and Date of Birth for any dependent(s) you will be adding to a plan.**
  
- You have reviewed the Annual Enrollment Benefits Guide and all plan documents for each benefit plan you plan to enroll in.**
  
- Please note that the online enrollment system closes promptly at 5:00pm on Friday, November 15, 2024. You MUST click “save” by 5:00pm or your elections will not be processed.***

## Important Definitions and Age Limitations

### Legal Dependent

- ✓ An employee's legal spouse under a legally valid, existing marriage
- ✓ An employee's natural/biological child(ren) and legally adopted child(ren) from birth to the end of the calendar year in which they turn 26
- ✓ Stepchild(ren) from birth to the end of the calendar year in which they turn 26
- ✓ Child(ren) for whom an employee has established legal guardianship or a court-ordered temporary custody from birth to the end of the calendar year in which they turn 26

### Overage Dependent/ (Adult Child) \*

- ✓ An employee's unmarried dependent between the ages of 26 through the end of the calendar year in which they turn 30 AND
- ✓ No children of their own AND
- ✓ Not covered under any other health insurance plan AND
- ✓ Not eligible for Medicaid AND
- ✓ Live in Florida OR
- ✓ A full/part time student

\* Premiums for all overage dependents are deducted on an after-tax basis and may be subject to imputed taxes.

### Domestic Partner\*

- ✓ Is at least 18 years old and competent to consent to contract
- ✓ Not married, a partner to another domestic partnership relationship or a member of a civil union with anyone other than the employee under any applicable law
- ✓ Not related by blood
- ✓ Considered to be a member of the immediate family of the employee
- ✓ Is jointly responsible for maintaining, supporting, and sharing the common necessities of life and is responsible for the employee's welfare
- ✓ Has resided with the employee for the past 12 (twelve) months, or is legally registered as the employee's domestic partner in a jurisdiction that recognizes domestic partners, or has a civil union or marriage in a jurisdiction which recognizes civil unions and or same-sex marriages

\* Premiums for all Domestic Partners are deducted on an after-tax basis and may be subject to imputed taxes.

### Child(ren) of a Domestic Partner\*

- ✓ A natural/biological child(ren) and legally adopted child(ren) of a Registered Domestic Partner from birth to the end of the calendar year in which they turn 26
- ✓ A child(ren) for whom a Registered Domestic Partner has established legal guardianship or a court-ordered temporary custody from birth to the end of the calendar year in which they turn 26

\* Premiums for all child(ren) of a Domestic Partner are deducted on an after-tax basis and may be subject to imputed taxes.

## PLAN AGE LIMITATIONS

**Medical (CHP/BCBS)** – Dependent child(ren) are eligible to remain on a medical policy from birth through the end of the calendar year in which s/he turns 26. Overage dependents (Adult Child) can remain on a medical policy from age 26 through the end of the calendar year in which s/he turns 30.

**Dental/Vision/Legal** – Dependent child(ren) are eligible to remain on a dental, vision and/or legal policy from birth through the end of the calendar year in which s/he turn 26.

**Critical Illness** – Dependent child(ren) are eligible to remain on a legal policy from birth through the end of the calendar year in which s/he turns 26.

**Child Term Life & Accidental Death** – Legal Dependent child(ren) are eligible to remain on a life insurance policy from birth until age 26. 3

**The City of Tallahassee may at any time during a period of insurability, request documentation demonstrating eligibility of a dependent.**

# Navigating to and logging-on to PeopleSoft HRMS

Log on to [www.talgov.com/annualenroll](http://www.talgov.com/annualenroll).

From the Employee Annual Benefits Enrollment Page, you can:

Click on “External Access” – Click here if you are using a computer outside the City network. (I.E. – Home computer or library computer.)

Click on “Internal Access” - Click here if you are using a computer inside the City network.

**2025 Annual Employee Benefits Enrollment Period**

- Begins – Friday, October 18, 2024 @ 5 p.m.
- Closes – Friday, November 15, 2024 @ 5 p.m.

All changes made during the annual enrollment period will become effective January 1, 2025.\*

*\*Your enrollment in some plans is NOT guaranteed. For employee and dependent life insurance and long-term disability you may be asked to answer some medical questions. No deductions for new or increased coverage will be taken until the insurance company notifies the Human Resources Department that you and/or your dependent(s) have been approved.*

**Enrollment Materials**

- [Online Benefits Enrollment User Guide](#)
- [2025 Benefits Guide \(PDF\)](#)

**2025 Annual Employee Benefits & Wellness Event**

Wednesday, October 23, 2024  
7:30am-12:30pm  
Jack L. McLean Community Center  
700 Paul Russell Road

**2025 Online Benefits Enrollment**

Access to this service is limited to authorized persons only. All efforts to achieve access, whether direct or indirect, are subject to monitoring activities. Unauthorized access is prohibited and will be subject to incident reporting procedures including notification of local, state and federal authorities.

- [External Access \(from outside city network\)](#) ←
- [Internal Access \(from inside city network\)](#) ←

You will now be at the PeopleSoft HCM Login Screen.  
Enter your User ID and Password and click “sign in.” \*

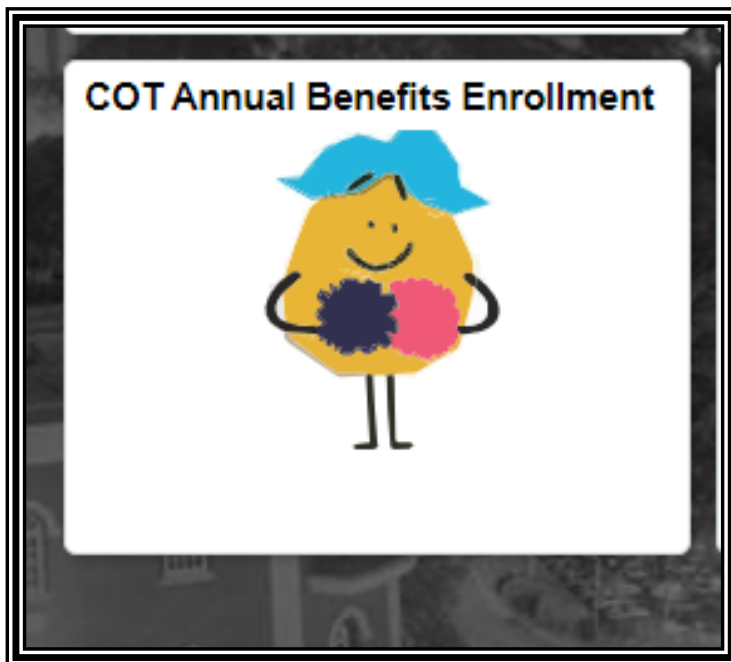
The screenshot shows the login interface for the City of Tallahassee PeopleSoft HCM system. At the top is the City of Tallahassee logo and name. Below that is the title "Peoplesoft HCM". The form includes a "User ID" field containing "12345", a "Password" field with masked characters, a "Select a Language" dropdown menu set to "English", a "Forgot your password?" link, and a green "Sign In" button. Three callout boxes provide instructions: "FIRST! Enter your User ID" points to the User ID field, "THEN! Enter your password" points to the Password field, and "After entering your User ID and password, click 'Sign In'" points to the Sign In button.

**\*Please note that you will need a PeopleSoft HRMS User ID and Password to access the system. If you need assistance obtaining your User ID and/or password, you may contact the Technology and Innovation Support Team at 891-8855, Option 2. (Monday through Friday, 7:30am – 5:00pm.)**

NOTE: The system will lock out after 3 failed login attempts. Your User ID and Password are case sensitive.

# Navigating to Self Service Online Benefits Enrollment

Once logged into PeopleSoft, click the "COT Annual Enrollment" tile.



## Talk to ALEX©

### **ALEX® is an online tool that will help you select the best benefit plan for you and your family.**

When you talk to ALEX, he'll ask you a few questions about your health care needs, crunch some numbers, and point out what makes the most sense for you. Anything you tell ALEX remains anonymous, so don't be afraid to really let loose about that weird tooth thing.

### **How long will this take?**

Most users spend about 7 minutes with ALEX, but it really just depends how much guidance you'd like. And ALEX can save your place, so you can leave to get some peanut brittle and then pick up right where you left off.

### **How should I prepare?**

You don't need to do much of anything. ALEX will ask you to estimate what type of medical care you might need this year (doctor visits, surgeries, ER visits, prescriptions, etc.), so you may want to tally those up and talk to your family about their needs, but ALEX can also help you come up with some estimates.

### **Can I use ALEX on my phone?**

Oh yeah. ALEX is optimized for any device you've got.

### **How does ALEX know what plan is best for me?**

ALEX takes the amount each plan would cost you out of your paycheck (your premium) and adds that to the amount it would cost for the services you said you might use. Then he'll recommend the least expensive plan for your needs.

### **Can I trust ALEX with my secrets?**

Yes! Your ALEX experience is totally private. He doesn't maintain personal info or submit it back to your employer (or anyone else), so it's completely anonymous.

### **Meet ALEX!**

<https://start.myalex.com/cityoftallahassee>





# How to Make Changes to Your Current Benefits

You will now be able to make your annual benefit changes online.

The screenshot shows the 'MEDICAL INSURANCE' screen with the following elements:

- EmpID: [Redacted]
- Name: [Redacted]
- Plan Provider, Coverage Level: Capital Health Plan, Employee+1
- Covered Dependent(s) table:

First Name	Last Name	Relationship to Employee	Date of Birth
Johnny	Doe	Spouse	02/02/1970

Callout boxes provide the following instructions:

- "Pay close attention to which benefit option you are working on." (points to the 'MEDICAL INSURANCE' title)
- "Displays your current plan and coverage level." (points to the 'Capital Health Plan, Employee+1' dropdown)
- "Displays current covered dependent(s) on this plan." (points to the 'Johnny Doe' row in the table)

Each screen is a single benefit option. This means that you will need to pay close attention to what benefit option you are working on.

The top section of each screen will display your "Current Enrollment". Information displayed will include the current plan, coverage level and current covered dependent(s) on the plan.

# 2025 Online Benefits Enrollment Guide

The bottom section of each screen titled “Annual Enrollment Changes” is where you can make changes to your benefits.

Information displayed automatically defaults to your current elections. To make changes to your benefits, use the drop-down menus to select/change your current elections. As you make changes, your biweekly cost will display in the box as indicated.

As well, the Total Cost, Total FlexBucks\* and Net Biweekly cost will calculate and update on the bottom of each screen as you modify your benefits.

\*Other Personnel Service (OPS) employees and employees under a Collective Bargaining Agreement are not eligible for FlexBucks.

The screenshot shows the "Annual Enrollment Changes" web interface. It features two main sections for selecting health plans: "Capital Health Plan (CHP)" and "Blue Cross Blue Shield (BCBS)". Each section has two drop-down menus: "Yourself & Legal Dependents" and "Domestic Partner & Overage Dependents". A "Biweekly Cost" field is shown with a value of 121.32. Below these sections is a table of dependents with columns for Selected, First Name, Last Name, Name Suffix, Relationship to Employee, Date of Birth, Gender, Marital Status, and Social Security Number. At the bottom, a summary section displays "TOTAL COST: \$164.81", "TOTAL FLEXBUCKS: \$75.70", and "NET BI-WEEKLY COST: \$89.11". A "Next Page" button is also visible.

**Annual Enrollment Changes**

**Capital Health Plan (CHP)**

Yourself & Legal Dependents: Employee+1 (2-Party)  
Domestic Partner & Overage Dependents: -No Coverage-

**Blue Cross Blue Shield (BCBS)**

Yourself & Legal Dependents: -No Coverage-  
Domestic Partner & Overage Dependents: -No Coverage-

Biweekly Cost: 121.32  
Biweekly Overage Dep Cost: [ ]

Select all dependents you would like to cover

Selected	First Name	Last Name	Name Suffix	Relationship to Employee	Date of Birth	Gender	Marital Status	Social Security Number	
<input checked="" type="checkbox"/>	John	Doe		Spouse	02/02/1970	Male	Married	*****	+ -
<input type="checkbox"/>		Doe		Son	03/03/1999	Male	Single	*****	+ -
<input type="checkbox"/>		Doe			04/04/2005	Female	Single	*****	+ -
<input type="checkbox"/>		Doe			04/04/2005	Male	Single	*****	+ -

Biweekly Payroll Deduction

TOTAL COST: \$164.81 TOTAL FLEXBUCKS: \$75.70 NET BI-WEEKLY COST: \$89.11

Next Page

Will calculate and update as you modify your benefits.

This box indicates the biweekly cost for the benefit you elected.

Use the drop-down menus to make any changes to your benefit plan.

## How to select/change/remove dependents

**Annual Enrollment Changes**

**Capital Health Plan (CHP)**

Yourself & Legal Dependents:  Domestic Partner & Overage Dependents:

**Blue Cross Blue Shield (BCBS)**

Yourself & Legal Dependents:  Domestic Partner & Overage Dependents:

Biweekly Cost:  Biweekly Overage Dep Cost:

[View](#) information about Capital Health Plan.

[View](#) information about Blue Cross Blue Shield.

[View](#) important definitions about Legal Dependents, Domestic Partner & Overage Dependents.

Select all dependents you would like to cover

Selected	First Name	Last Name	Name Suffix	Relationship to Employee	Date of Birth	Gender	Marital Status	Social Security Number		
<input checked="" type="checkbox"/>	Johnny	Doe		Spouse	02/02/1970	Male	Married	*****	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Jesse	Doe		Son	03/03/1999	Male	Single	*****	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Jessica	Doe		Daughter	04/04/2005	Female	Single	*****	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	James	Doe		Son	04/04/2005	Male	Single	*****	<input type="checkbox"/>	<input type="checkbox"/>

A  in the selected box indicates that this is a covered dependent on this plan.

Biweekly Cost:

Most of your eligible dependents will appear at the bottom of the screen. These are eligible dependents that are currently on file with the Human Resources Department. To choose/select a dependent(s) to cover under your plan, click the box to the left of the dependent name under "selected". A "✓" will appear in the box. This indicates that this is a covered dependent on this plan.

To change/remove a dependent from your plan, click on the "✓", which will leave the box blank. A blank box indicates that the dependent is not covered under this plan.

*The dependent(s) that initially appear at the bottom of the screen cannot be changed. If information about a dependent is incorrect, please contact the Human Resources Department at 891-8214 for a correction or email [HRBenefits@talgov.com](mailto:HRBenefits@talgov.com). Corrections may take up to 48 business hours to process.*

## How to add new dependents

**Annual Enrollment Changes**

**Capital Health Plan (CHP)**  
 Yourself & Legal Dependents: Employee+1 (2-Party) | Domestic Partner & Overage Dependents: -No Coverage-

**Blue Cross Blue Shield (BCBS)**  
 Yourself & Legal Dependents: -No Coverage- | Domestic Partner & Overage Dependents: -No Coverage-

Biweekly Cost: 121.32 | Biweekly Overage Dep Cost: [ ]

Select all dependents you would like to cover

Selected	First Name	Last Name	Name Suffix	Relationship to Employee	Date of Birth	Gender	Marital Status	Social Security Number	
<input checked="" type="checkbox"/>	Johnny	Doe		Spouse	02/02/1970	Male	Married	*****	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Jesse	Doe		Son	03/03/1999	Male	Single	*****	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	Jessica	Doe		Daughter	04/04/2005	Female	Single	*****	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	James	Doe		Son	04/04/2005	Male	Single	*****	<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	Single	[ ]	<input type="checkbox"/> <input type="checkbox"/>

Biweekly Payroll Deduction: TOTAL COST: \$164.81 | TOTAL FLEXBUCKS: \$75.70 | NET BI-WEEKLY COST: \$89.11 | Next Page

Enter new dependent information in the blank boxes.

Click the “+” button to add a new dependent.

To add a new dependent not already listed, click the “+” button to the right, which will allow you to enter in the new dependent information. *(All dependent information is required.)* Once you add a new dependent, this dependent will appear at the bottom of each screen under eligible dependents.

To remove a dependent that you have added, click the “-” button. This will remove the dependent from the list.

If you have made an error on any of the information for a dependent you have added, you can correct the error on any screen by deleting the incorrect information and entering in the correct information. *You do not need to remove the entire row/dependent.*

After you have added a new dependent, remember to select them by clicking the box to the left of the name, which will place a “✓” in the box. This indicates that this is a covered dependent on the plan.

*The dependents that initially appear at the bottom of the screen cannot be changed. If information about a dependent is incorrect, please contact the Human Resources Department at 891-8214 for a correction or email [HRBenefits@talgov.com](mailto:HRBenefits@talgov.com). Corrections may take up to 48 business hours to process.*

## How to view information about the plans

**Annual Enrollment Changes**

**Capital Health Plan (CHP)**  
 Yourself & Legal Dependents: [Employee+1 (2-Party)]  
 Domestic Partner & Overage Dependents: [-No Coverage-]

**Blue Cross Blue Shield (BCBS)**  
 Yourself & Legal Dependents: [-No Coverage-]  
 Domestic Partner & Overage Dependents: [-No Coverage-]

Biweekly Cost: [121.32]      Biweekly Overage Dep Cost: [ ]

Select all dependents you would like to cover								
Selected	First Name	Last Name	Name Suffix	Relationship to Employee	Date of Birth	Gender	Marital Status	Social Security Number
<input checked="" type="checkbox"/>	Johnny	Doe		Spouse	02/02/1970	Male	Married	*****
<input type="checkbox"/>	Jesse	Doe		Son	03/03/1999	Male	Single	*****
<input type="checkbox"/>	Jessica	Doe		Daughter				
<input type="checkbox"/>	James	Doe		Son				

Biweekly Payroll Deduction  
 TOTAL COST: \$164.81    TOTAL FLEXBUCKS:\$75.70    NET BI-WEEKLY COST: \$89.11    [Next Page]

To view detailed benefit plan information, click on the view link and review the provider's schedule of benefits page.

## How to move between screens

**VISION INSURANCE**      [Previous Page]    [Next Page]

EmplID: [Redacted]    Name: [Redacted]

Current Enrollment: [Employee + 2 or More (Family)]

Coverage Level: [Employee + 2 or More (Family)]

Covered Dependent(s)			
First Name	Last Name	Relationship to Employee	Date of Birth
Johnny	Doe	Spouse	02/02/1970
Jesse	Doe	Son	03/03/1999
Jessica	Doe	Daughter	04/04/2005
James	Doe	Son	04/04/2005

**Annual Enrollment Changes**

**VISION**  
 Yourself & Legal Dependents: [Employee + 2 or More (Family)]  
 Domestic Partner: [-No Coverage-]

Biweekly Cost: [8.94]

Select all dependents you would like to cover								
Selected	First Name	Last Name	Name Suffix	Relationship to Employee	Date of Birth	Gender	Marital Status	Social Security Number
<input checked="" type="checkbox"/>	Johnny	Doe		Spouse	02/02/1970	Male	Married	*****
<input checked="" type="checkbox"/>	Jesse	Doe		Son	03/03/1999	Male	Single	*****
<input checked="" type="checkbox"/>	Jessica	Doe		Daughter	04/04/2005	Female	Single	*****
<input checked="" type="checkbox"/>	James	Doe		Son	04/04/2005	Male	Single	*****

Biweekly Payroll Deduction  
 TOTAL COST: \$164.81    TOTAL FLEXBUCKS:\$75.70    NET BI-WEEKLY COST: \$89.11    [Previous Page]    [Next Page]

To move between screens, use the "Previous Page" and "Next Page" buttons located at the top and bottom right-hand corners of the screen.

## Saving your benefit elections

Once you have completed making your benefit changes, the last page will be the “Final Summary and Save” page. This page will give you a summary of the changes you have made.

EmpID Name	FINAL SUMMARY AND SAVE	Page 10 of 10	<a href="#">Previous Page</a>
			Biweekly Cost
MEDICAL -	-No Coverage-		<input type="text" value="0.00"/>
DENTAL	-No Coverage-		<input type="text" value="0.00"/>
VISION	-No Coverage-		<input type="text" value="0.00"/>
LEGAL	-No Coverage-		<input type="text" value="0.00"/>
LONG TERM CARE	-No Coverage-		<input type="text" value="0.00"/>
LONG TERM DISABILITY	-No Coverage-		<input type="text" value="0.00"/>

## Saving your benefit elections

(Continued)

**1** **Biweekly Payroll Deduction**  
 TOTAL COST: \$74.43    TOTAL FLEXBUCKS: \$82.50    NET BI-WEEKLY COST: (\$8.07)

Premiums are deducted 24 times per year. Flex Bucks are paid 26 times per year. Your new benefit elections will become effective January 1 of next year, subject to any medical underwriting approvals required by contract.

**2** Please review your address information on file and make any edits as necessary. This is the address that your benefit information will be mailed to. [CLICK HERE](#) to review and make changes.  
 I have reviewed my address information and I confirm it is correct.

**3** A copy of this **SUMMARY OF ANNUAL ENROLLMENT BENEFIT CHANGES** will be sent to the email address below. If you would like a copy emailed to a different email address, please enter a valid email address below:  
 Email Address

By clicking "SAVE", I acknowledge that I have read and understand the [Terms and Conditions](#) contained in this on-line enrollment and agree to the terms of participation. I confirm my elections and authorize my employer to deduct any ~~required premium~~ contribution from my earnings.

**4**

- 1) The “Biweekly Payroll Deduction” section will display the total biweekly cost for your benefit premiums, your amount of FlexBucks (if eligible) and the Net Biweekly Cost.
- 2) This section will ask you to verify your address on file. This is important! Your address will be provided to the insurance carriers to mail home important benefit information. Once you have verified your address is correct, place a ✓ in the box.
- 3) This section will ask you to verify or enter a valid email address so that a copy of your benefit elections can be emailed to you. You **MUST** have an email address! The system will not allow you to save your elections unless a valid email address is provided.
- 4) After you have reviewed your elections and total biweekly deductions, you **MUST** click “Save.” **IF YOU DO NOT CLICK “SAVE”, YOUR ELECTIONS WILL NOT BE SAVED!**

Once you have clicked "Save", a confirmation message box will appear and notify you that an email has been sent to your email address.

The screenshot shows a web form titled "New Health Care Contribution". The form includes a section for "Biweekly Payroll Deduction" with a summary: "TOTAL COST: \$67.53 TOTAL FLEXBUCKS: \$75.70 NET BIWEEKLY COST: (\$8.17)". Below this, there is text explaining that premiums are deducted 24 times per year and Flex Bucks are paid 26 times. A message box is overlaid on the form, containing a yellow warning icon and the text: "Thank you. Your elections have been saved. A summary confirmation file has been sent to your email address." The message box has an "OK" button. The form also includes a section for address information, a checkbox for confirming address accuracy, and a field for an email address. At the bottom, there is a disclaimer: "By clicking 'SAVE', I acknowledge that I have read and understand the Terms and Conditions contained in this on-line enrollment and agree to the terms of participation. I confirm my elections and authorize my employer to deduct any required premium contribution from my earnings."



### How to go back and make additional changes

At any time, you can use the “previous page” and “next page” buttons at the top and bottom right corners of the screen to go back to any page and make changes.



If you have already logged out of PeopleSoft HRMS and need to make additional changes during the annual enrollment period, follow the instructions on pages 4-9 of this guide, which will navigate you to the login screen and the online enrollment screen.

You can make as many changes as you need during the annual enrollment period. Keep in mind, the last “SAVE” will be your final election and will process as your new enrollment.

### Where to access benefit forms and submission deadline

#### WHERE TO ACCESS BENEFIT FORMS:

- Once Annual Enrollment has closed, you will receive a final Benefits Statement to the last email address you provided to the system.
- The Benefits Statement will list any forms that you may be required to submit before enrollment can be processed.
- All forms can be accessed, downloaded and printed from a City computer or Non-City computer by logging on to [www.talgov.com/annualenroll](http://www.talgov.com/annualenroll)
- **Required benefit forms WILL NOT be included with your Confirmation Statement. It is the responsibility of the employee to ensure required forms are completed and returned to the Human Resources Department. \***

*\* Please note that if required forms are not submitted, you may be paying for a benefit for which you will not have access to.*

#### WHERE TO SUBMIT FORMS AND DEADLINES:

- Required forms are due back to the Human Resources Division by December 31.
- Employees can submit forms via:
  - Fax to 891-0830
  - Email to [HRBenefits@tal.gov](mailto:HRBenefits@tal.gov)
  - In person at City Hall, 1<sup>st</sup> Floor, Human Resources
- **Employees should make a copy of all forms for their records!**

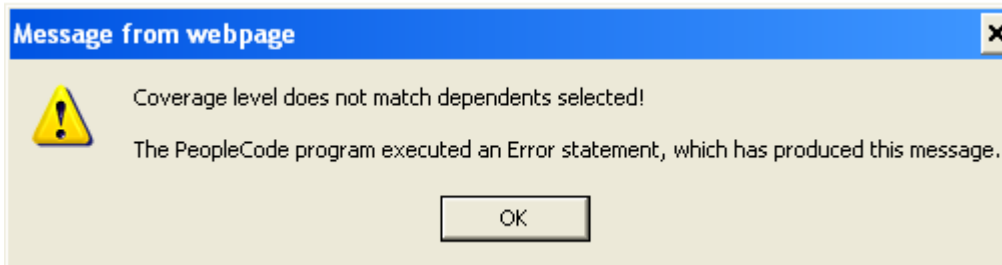
## Troubleshooting

Below are some of the most common errors that occur.



**PROBLEM:** This means that you have selected a row in which you have not completed all of the required information.

**SOLUTION:** Uncheck the box and complete the required information. Then, when complete, select the box again.



**PROBLEM:** You have the incorrect number of dependents selected for the coverage level you have chosen, or you have the incorrect combination of coverage and dependents selected.

(EX – You have selected a coverage level of “Employee +2/More” and you only have 1 dependent selected. You have a coverage level of “Employee +1” and you have a Domestic Partner Adult selected.)

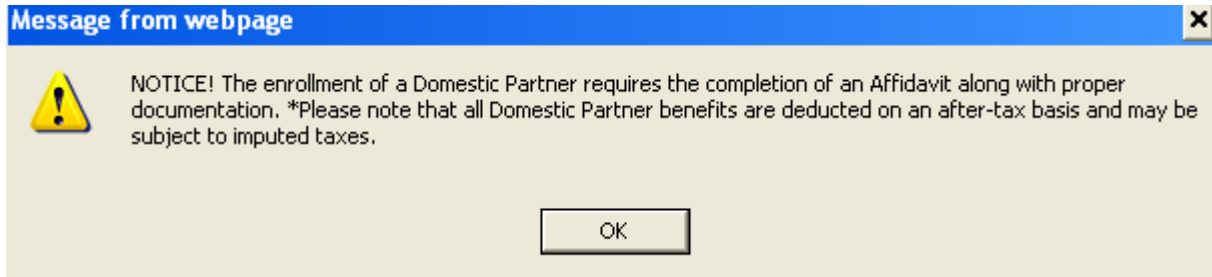
**SOLUTION:** You will need to either correct the number of dependents selected to match the coverage level you chose or correct the coverage level for the number of dependents you have selected.

(EX – A coverage level of “Employee +2/More” must have at least 2 legal dependents selected. If you want to enroll you and a Domestic Partner, you must choose “Employee” coverage under “Yourself and Legal Dependents” and choose “Domestic Partner” under “Domestic Partner & Overage Dependents”.)

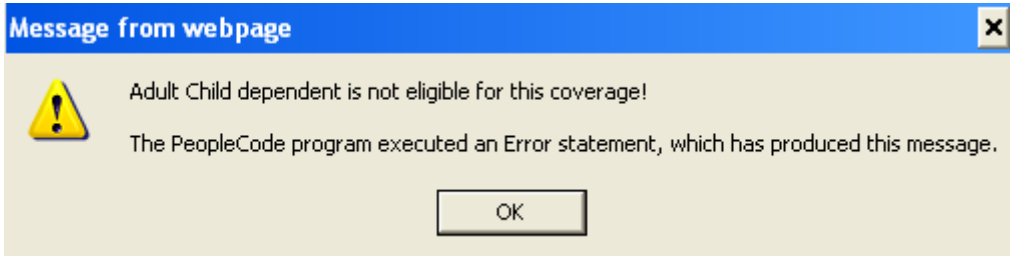
# 2025 Online Benefits Enrollment Guide



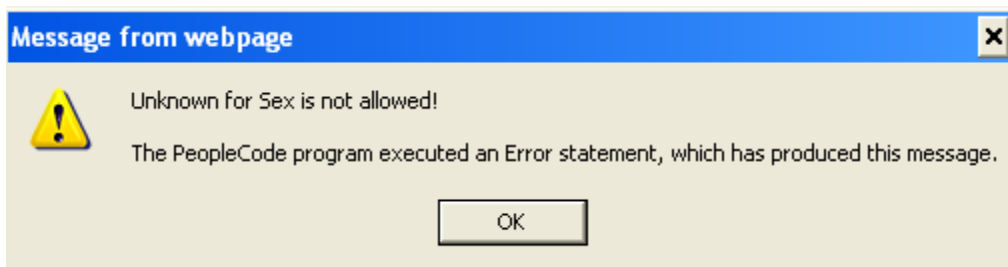
**PROBLEM:** This means that you have selected a coverage level under both CHP and BCBS.  
**SOLUTION:** You can only elect one plan.



This is not an error message, but simply a notification to you about the selection you are making. No action is necessary and after reading, you can click "ok".



**PROBLEM:** This means that a dependent son/daughter you have selected exceeds the age limit for the plan and is not eligible to be enrolled.  
**SOLUTION:** You must unselect the box next to their name to continue.



**PROBLEM:** A gender of "unknown" is not valid.  
**SOLUTION:** You must choose "male" or "female" from the list to continue.

# 2025 Online Benefits Enrollment Guide



PROBLEM: The “marital status” you have chosen is invalid.  
SOLUTION: You must choose “single” or “married” from the list to continue.

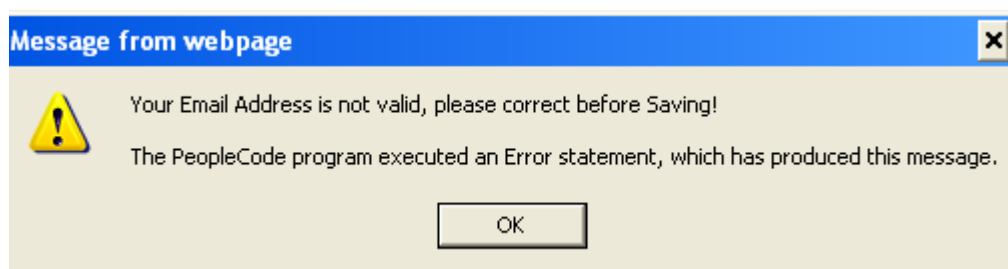


PROBLEM: You do not have an Employee Life Coverage election.

SOLUTION: You must enroll for Employee Life Insurance in order to enroll for Spouse/Domestic Partner Life Insurance and the Employee Life Coverage must be at least twice the amount of the spouse/domestic partner coverage.



PROBLEM: You do not have an Employee Life Coverage election.  
SOLUTION: You must enroll for Employee Life Insurance in order to enroll for Child Life.



PROBLEM: You are trying to save your elections and have a blank email address, or your email address has been entered incorrectly.  
SOLUTION: You must enter an email address in the space provided. As well, check the spelling of your email address to ensure it is correct.