



Employee Self Service

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AMS Advantage Employee Self Service (ESS)

ESS Introduction

Welcome to Volusia County's **Employee Self Service (ESS)**. ESS is a website where employees can view their own payroll and personal information and update certain information online such as benefit enrollments during the annual Open Enrollment period. This information is intended for the sole use of the individual employee.

All information entered/submitted into ESS may require additional approval by Personnel before taking effect. Please contact Personnel at (386) 736-5951 if you have any questions. Unauthorized access of an employee's information is prohibited.

ESS User Name and Password

All employees have an ESS user name which is typically the same as their KRONOS user name (Sheriff Office employees add "SO" after user name). If you need additional assistance with your ESS user name and/or password, contact the Information Technology Support Desk at extension 5222 or IT_SupportDesk@co.volusia.fl.us.

Personnel Division Support

If you have any questions concerning using AMS Advantage ESS that are not password/user name related, contact Personnel at (386) 736-5951 (ext. 5951) and ask for a Human Resource/Payroll Representative.

An ESS User Manual is available for download on Personnel's ENN site at <http://enn/personnel> (scroll down to Training section).

Employee Self-Service (ESS) Open Enrollment Instructions

Accessing ESS

ESS can be accessed **two** ways: From the County's ENN Intranet site at <http://enn> or from the County's Internet site at <http://www.Volusia.org/Personnel>. Click on the **Advantage ESS** link on either page to begin.

Log In to ESS

1. Click in the user name field and type in your **User Name**
2. Click in the password field and type your **Password**
3. Click on **Login** (Note: The Reset button next to Login isn't operational)

Changing My Password

1. Select the **My Desktop** workspace tab on the left of screen
2. Select the **Change Password** tab at the top of screen
3. Under the Change Password section, click in the **Old Password** field and enter your old password
4. Click in the **New Password** field and enter your new password
5. Click in the **Verify New Password** field and enter your new password
6. Click on the **Change User Password** button

NOTE: If you have **never** logged into ESS before, then your initial Password is the last

two digits of your birth year and last four digits of your social security number; for example, YYSSSS (671245). Your initial password is set up to automatically require you to change it upon your first log in.

Password Facts

- ✓ You can change the password to something you will remember.
- ✓ Password must be at least six characters long and include one number.
- ✓ User name and password are case sensitive. User name will always be lower case.
- ✓ Password will expire after ninety days and the system will prevent the reuse of the last ten passwords.
- ✓ **NEVER** give your password to anyone. If you feel your password has been compromised, change it immediately.
- ✓ Your account will be suspended if you enter the wrong password three times in a row. Call the Information Technology Support Desk at extension 5222 to have it reset.

Log Out of ESS

Click on the **Logout** link in the top right corner of the screen to exit the ESS system (**don't click on the "X"** in the upper-right corner). Always log out to prevent unauthorized access.

AMS Advantage® Employee Self Service Home Page

The AMS Advantage® ESS Home Page is the first page you see after logging into the system. Also, you can return to the Home Page from any other page in the system by selecting the Home icon on the upper right-hand side of the page.

The Home Page features three areas containing major navigation devices available within ESS:

Primary Navigation Panel
Workspace Tabs
Business Functions

Primary Navigation Panel

This is located at the top left of the screen and enables you to:

- ✓ Return to the Home page.
- ✓ Access the ESS Frequently Asked Questions.
- ✓ Access the Online Help.
- ✓ Print Page
- ✓ Logout

Business Functions are located at the top of each Workspace Tab.

Workspace Tabs are located at the left of the home page.

My Desktop Workspace Tab contains the following business functions: **Home, Change Your Password, Forms and Websites, My Work in Progress, My Completed Work, Announcements, Broadcasts, and Alerts.**

My Info Workspace Tab contains the following business functions: **My Information, My Time and Attendance, My Accounting Overrides, My Benefits, and My Compensation.**

Unlike the static icons and links of the primary navigation panel, the Business Functions change as you move through the system. If, for example, you select My Information, the list of available tabs is reconfigured to feature links that help you to move about the My Information activity folder. When another business function is selected, the tabs available are changed in relation to the selected business function.

Moving through the Sections of Pages and Documents:

After accessing a particular document or page, links to the various sections and subsections of the selected document are listed at the top of the page below the show tabs. These links, can be used to open various sections of the document or page.

You can use the arrows placed at the top of the document or page to expand or collapse all sections at once.

Section Links that allow access to various sections and subsections.

ID	First Name	Last Name	Type Class	Type Sub Class	Plan Class	Override Coverage	From	To
✓ 17	OLLIE	GIBSON	HEART & CRITCAR	CRITICAL CARE	FAMILY	Yes	03/08/2008	12/12/2008
17	OLLIE	GIBSON	HEALTH PLAN	HPP PLAN	FAMILY	Yes	03/08/3008	12/31/9999
17	OLLIE	GIBSON	HEALTH PLAN	HPP PLAN	FAMILY	Yes	03/08/2008	12/12/2008
17	OLLIE	GIBSON	LIFE CHILD	LIFE CHILDREN	10K CHILD LIFE	Yes	03/08/2008	12/12/2008
18	DUDLEY	GIBSON	HEART & CRITCAR	CRITICAL CARE	FAMILY	Yes	03/08/2008	12/12/2008
18	DUDLEY	GIBSON	HEALTH PLAN	HPP PLAN	FAMILY	Yes	03/08/2008	12/12/2008
18	DUDLEY	GIBSON	LIFE CHILD	LIFE CHILDREN	10K CHILD LIFE	Yes	03/08/2008	12/12/2008
21	GRETCHEN	GIBSON	HEART & CRITCAR	CRITICAL CARE	FAMILY	Yes	03/08/2008	12/12/2008
21	GRETCHEN	GIBSON	HEALTH PLAN	HPP PLAN	FAMILY	Yes	03/08/2008	12/12/2008

Arrows can be used to expand or collapse all document or page sections.

Individual sections can be expanded or collapsed with these arrows.

Navigation Buttons

The Benefits Enrollment Wizard contains a special set of navigation buttons to help you walk through the benefit enrollment processing.

The Navigation buttons include:

Back button – A single click on the Back button navigates you to the previous step in the enrollment process. If the user selects Back on the Employee Tab of the Enrollment Wizard, the Back button returns you to the splash page.

Continue button – A single click on the Continue button navigates you to the next step in the enrollment process. Within the Benefits Enrollment Wizard, the Continue button also denotes that a user has “Accepted” the information that has been entered.

Save & Exit - The Save & Exit button saves your changes, closes the Benefit Enrollment Wizard and returns you to the ESS Welcome Page.

Reset button – The Reset button will undo, or “reset”, any data changes that you made on that step of the Benefit Enrollment Wizard.

Cancel button – The Cancel button allows you to close the Benefit Enrollment Wizard at the beginning stages of the process. Since no actual benefit enrollment information has been entered at the points that the Cancel button exist, no information needs to be saved.

Finish button – The Finish button completes the benefit enrollment process and submits your changes to Personnel. This button can only be selected when the Agreement checkbox has been checked.

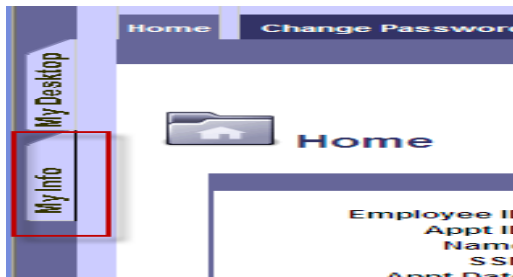
Your Current Benefits

After successfully logging into the system, the My Benefits (MYBENF) activity folder enables you to view details pertaining to your dependents, benefits, and deductions recorded in the system.

To see what coverage you currently have:

1. Select the **My Info** Workspace Tab at the left hand side of the home page.

Select and expand the My Info workspace tab from the left hand side of your window. My Info enables you to view and update basic information about yourself recorded in the system.



2. Select the **My Benefits** Tab.

Select My Benefits business function located at the top of your window. The My Benefits (MYBENF) page is opened with various tabs of the activity folder displayed to help you move about the activity folder. You will then see a variety of tabs with information on you, your dependents and your current coverage.



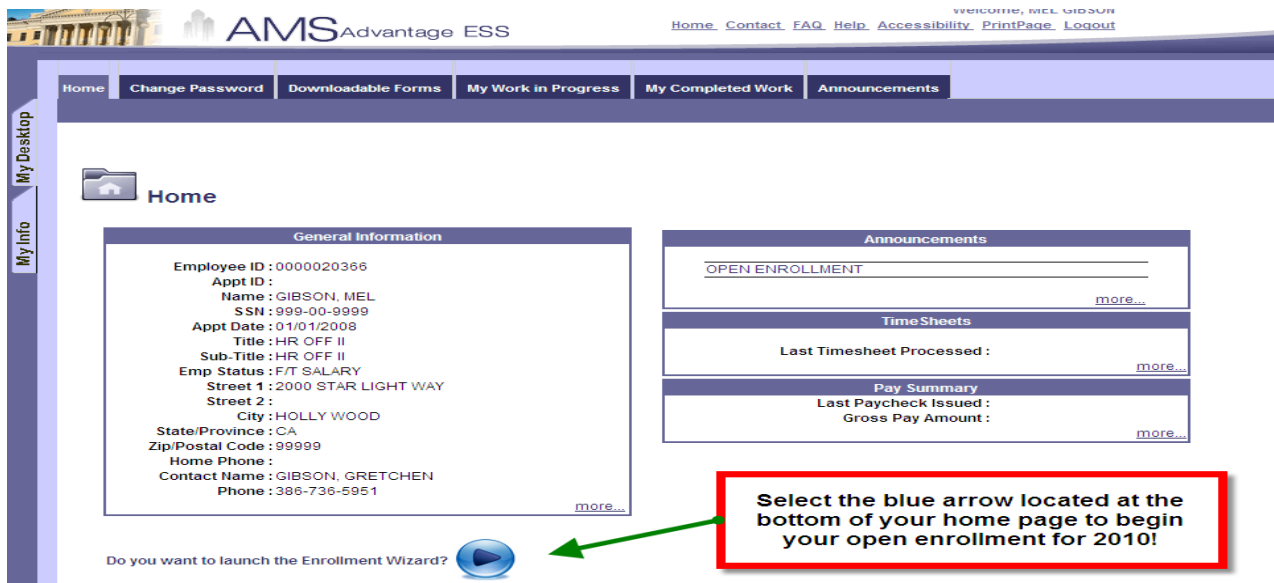
3: Select the **Current Enrollments**.

Select Current Enrollments to see your benefits. You may log into ESS any time during the year to see your current benefits, your dependents and what coverages they have.

After you have completed your Open Enrollment, you will be able to select Future Enrollments to see your benefits for the upcoming plan year.

Enrollment Wizard

The first page you encounter after a successful log on is the Home page. At the bottom left side of this page is a **Launch the Enrollment Wizard** button. This takes you directly into the Benefit Enrollment Wizard.



Select the **Launch the Enrollment Wizard** button.

During Open Enrollment, you may enroll in benefits programs and/or make changes to existing coverage for yourself and your dependents. Once you make a selection and complete your open enrollment, you will not be able to change these selections during the plan year unless a qualifying status change event occurs.

The Benefits Enrollment Wizard is basically an electronic enrollment form with built-in resources to help you complete the benefits enrollment process.

Welcome to the Benefits Enrollment Wizard

The Welcome page of the Benefits Enrollment Wizard features two radio buttons to either start a new enrollment or continue an ongoing enrollment from a previous session.

1. **Select Start New Enrollment or Modify Existing Enrollment**, if you wish to begin a new enrollment session or override any unfinished enrollment that you may have started previously.
2. **Select Continue Unfinished Enrollment** if you have entered the system to complete an enrollment that was started and then saved in a previous session.



Welcome to the Employee Self Service Wizard!

Select the Open Enrollment radio button or circle and then choose the Continue button at the bottom of the page.

☐ Open Enrollment

Click on the radio dial and select continue .

Beginning this year, you do not have the option to select wellness dollars in ESS. You must submit your completed Wellness Form to Personnel no later than Friday, October 30, 2009 in order to be eligible for this benefit. If you submit a Wellness Form and Personnel has confirmed you qualify for the benefit, you can log in to ESS on or after December 07, 2009 to see the benefit added under the Future Enrollments section.

Back Continue Cancel

Appointment

An “appointment” is simply a term for your role or title with Volusia County. The My Benefits activity folder gives you the ability to view the details associated with your position, or appointment, such as your title and department.

Adding or Modifying Dependent Information.

The Benefit Enrollment Wizard allows you to add or modify dependent information using the Dependents page, which features a grid used to display the dependents entered into the system. You can add dependents or update information about a previously recorded dependent by selecting the appropriate button located under the grid. **Please check the social security number, birthdate and/or date of marriage for all dependents carefully.**

To View Dependents:

If there is only one dependent listed on the grid, details about that dependent will be located on the lower portion of the page. To view your dependent information, expand each section by selecting the section link at the top of the page or by using your mouse to click on each header.

– OR –

If there is more than one dependent listed on the grid, select the dependent that you want to view by clicking once on the appropriate line. The lower portion of the page provides details pertaining to the selected dependent. To view your dependent information, expand each section by selecting the section link at the top of the page or by using your mouse to click on the arrow to the left of the section title.

Once you have verified your dependent information is correct, select the Continue button to proceed to the next page.

Maintaining Dependent Information:

To modify existing dependent information from the Dependents page of the Benefits Enrollment Wizard, perform the following steps:

1. Select the dependent whose information you want to modify from the grid by clicking on the appropriate line with your mouse.
2. Select the **Maintain** button. The Dependent Information Change Page is displayed with the previously recorded information pertaining to the dependent appearing in the fields.
3. Update the information that is displayed in the following fields, overwriting existing data if necessary. Note: “*” denotes a required field.
4. Then select the save and continue button to return to the dependents page.

AMS Advantage ESS

Welcome, MEL GIBSON
Home Contact FAQ Help Accessibility PrintPage Logout

Home Change Password Downloadable Forms My Work in Progress My Completed Work Announcements

1 - Appointment 2 - Dependents 3 - Benefits Enrollment 4 - Miscellaneous Deductions 5 - Enrollment Summary

Sections: [Dependent Information](#) [Dependent Address](#) [Dependent Contact](#) [Current Employer Contact](#) [Current Employer Information](#) [Current Employer Address](#)

2 - Dependents

[Back](#) [Continue](#) [Save&Exit](#) [Reset](#)

The dependents listed below are available for enrollment into your 2010 benefit choices. On this page, you may add new dependents or correct information on your existing dependents.

Please verify your dependents carefully checking their social security number, birthdates, and/or date of marriage.

To view dependents information, click on the line with that dependents name and scroll down the page.

To correct information on a current dependent, select the Maintain button, make the necessary changes, and click the Save & Continue button.

To add a new dependent, select the Add button. A dependent must be added before he/she can be enrolled for any benefit coverages.

To cancel any benefits of a dependent, you unselect their name on the actual benefit coverage on a later page. To completely remove a dependent, you must contact Personnel at 386-736-5951 (x5951).

If all of your dependents information is correct, select the Continue button located at the bottom of the page to proceed to the next step.

Dependent ID	First Name	Last Name	Relationship Desc	Gender	FT Student	Dependent Info Effective On	Dependent Info Expires On
✓ 1696	GRETCHEN	GIBSON	SPOUSE	No Entry	No	01/01/2008	12/31/2009
1697	OLLIE	GIBSON	SON	Male	No	01/01/2008	12/31/9999
1698	DUDLEY	GIBSON	SON	Male	No	01/01/2008	12/31/9999

[Maintain](#) [Add](#) [Delete](#)

Dependent Information

Dependent ID : 1696
Name Prefix :
First Name : GRETCHEN
Middle Name :
Last Name : GIBSON
Name Suffix :
Social Security # : 111-00-1111
Relationship Desc : SPOUSE
Gender : N

Dependent Info
Effective On : 01/01/2008
Dependent Info Expires On : 12/31/2009
Disability :
Disability Desc :
FT Student : ☐
Birth Date : 12/25/1955
Wedding Date : 06/25/1983
Date of Death :
Divorced/Separated Date :

Adding a Dependent:

To add a dependent from the Dependents page of the Benefits Enrollment Wizard, perform the following steps:

1. Select the **Add** button to open the Dependent Information Change Page.
2. Enter the following information.
 - a. First Name
 - b. Middle Name
 - c. Last Name
 - d. Social Security Number
 - e. Relationship, you may access the relationship table by selecting the arrow to the right of the field.
 - f. Gender
 - g. **To Date is always 12/31/9999**
 - h. Disability (if applicable)
 - i. Full Time Student
 - j. Birthdate
 - k. Wedding Date for Spouse
3. Select the copy button to insert your address.
4. Select the **Save & Continue button** (at the top of the page) to record dependent information in the system.

Dependent Information Change Page

Use the fields below to add or maintain dependent information.

▼ Dependent Information

Dependent ID :		*From :	
*First Name :	Joe	To :	12/31/9999
Middle Name :	V.	Disability :	N
*Last Name :	County	Disability Desc :	NOT HANDCP
Name Suffix :		Full-time Student :	Yes
Social Security # :	111-22-3333	Birth Date :	01/07/1996
*Relationship :	SON	Wedding Date :	
Relationship Desc :	SON	Date of Death :	
Gender :	Male	Divorced/Separated Date :	

▼ Address Information

Click here to copy your address as the dependent's address

To add a dependent, fill in the highlighted fields.

Deleting a Dependent:

To cancel any benefits of a dependent, you unselect their name on the actual benefit coverage on a later page. To completely remove a dependent, you must contact the Personnel Division at 386-736-5951 (or extension 5951).

Benefits Enrollment

We are using Positive Enrollment for benefits (versus Passive Enrollment). With Positive Enrollment, you are kept aware of all of the benefits available to you and you are required to take action on each benefit.

You must choose either ENROLL (select) or WAIVE (cancel) for ALL benefit choices to proceed to the next step. If you do not see the Enroll or Waive button, scroll to the right of your screen.

To enroll yourself into a benefits program, select the corresponding Enroll link.

This will open the window for that benefit plan.

Here you will be able to change your coverage levels, change your dependent(s) covered, and see the cost for that benefit choice.

Once your selections are made, you select Save & Continue to elect that benefit choice.

Or you may choose Cancel and you will return to the Benefits Enrollment Page to select your next benefit; from here, you can waive the benefit.

To waive your enrollment into a benefit program, select the corresponding Waive link. If you choose waive, this will cancel your existing enrollment or allow you to not elect that benefit choice for the plan year.

Only after you have chosen to either Enroll or Waive for every benefit choice, and they are all set to “Reset”, will you proceed to the next page.

ACTION	BENEFIT	FUTURE ENROLLMENT				ACTION
Required	Class	Type	Plan	Cost	Primary Care Physician	Enroll Waive
*	EBS MEDICAL	EB	WAIVED COVERAGE			Reset
*	HEALTH PLAN	HP	HPP PLAN	FAMILY	153.43	Reset
*	LIFE CHILD	LF	LIFE CHILDREN	10K LIFE CHILD	0.00	Reset
*	LIFE EMPLOYEE	LF	LIFE EMPLOYEE	100K LIFE EMP	0.00	Reset
*	CANCER PLAN	NO	WAIVED COVERAGE			Reset
*	DENTAL PLAN	No Coverage	WAIVED COVERAGE			Reset
*	EBS CHILD CARE	No Coverage	WAIVED COVERAGE			Reset
*	HEART	No Coverage	WAIVED COVERAGE			Reset
✓ *	LIFE SPOUSE	No Coverage	WAIVED COVERAGE			Reset
*	VISION PLAN	No Coverage				Enroll Waive

If you elect the coverage you will see the benefit types you have elected listed under future enrollment.

If you waive the coverage you will see waived coverage listed under future

Before you can proceed to the next step every benefit type must have RESET.

[Back](#) [Continue](#) [Save&Exit](#) [Reset](#)

Wellness Dollars

Wellness dollars have changed for ESS enrollment. You will not select your Wellness choices in ESS. You must submit your completed form to the Personnel Division.

A Wellness form is provided in your Benefits Guide, or you may print the form from Personnel's ENN page or from ESS.

To qualify for \$100 Wellness Dollars, you must answer "**NO**" to Question 1 regarding tobacco usage. You do not need to pass any of the health questions.

To qualify for \$200 Wellness Dollars, you must answer "**NO**" to Question 1 and pass **any two** (2) of the established wellness standards listed on the Wellness form.

To qualify for \$300 Wellness Dollars, you must answer "**NO**" to Question 1 and pass **ALL** four (4) of the established wellness standards listed on the Wellness form.

You must indicate on your Wellness form how you would like your Wellness dollars spent.

Your wellness dollars may be used two ways: (1) you may select to use your Wellness dollars as part of or all of your flexible spending reimbursement accounts (medical or dependent care), OR (2) you may use your Wellness dollars to help offset the cost of your bi-weekly insurance premiums.

Example 1:

You choose EBS Medical Spending Account on your Wellness form.

If you selected \$1000.00 for a yearly goal in ESS and then submitted your Wellness form to Personnel to qualify for \$300.00 dollars with the EBS Medical Spending Account marked on your wellness form, your yearly goal will not change to \$1300. Your wellness dollars will be used to pay for part of your selected yearly goal.

Example 2:

You choose to lower the cost of current insurances on your Wellness form.

If you have "couple coverage" for the Health Partnership Plan with a bi-weekly cost of \$104.61 and you qualify for \$300.00 Wellness dollars, your bi-weekly deductions for the plan year would decrease from \$104.61 to \$93.07.

HPP Medical and Dental Coverage

The County of Volusia offers coverage under the Health Partnership Plan. The plan is self-administered by the County. The County contracts with FSAI to process health claims and provide customer service.

Please read your Health Partnership Plan Summary Plan Discription for a complete list of coverage rules.

Under this benefit selection, you will find rates for Part Time employees, Full Time employees and the “no coverage” option. Please make your selection carefully.

Part Time employees work 29 hours or less a week.

Single Parent is coverage for the employee and 1 to 2 children.

To qualify for the “no Coverage option” and be eligible to receive the flex dollars, you must reapply every year and provide proof of your other health insurance.



Benefit Enrollment

	Dependent Last Name	Dependent First Name	Relationship Desc	Primary Care Physician
<input checked="" type="checkbox"/>	GIBSON	MEL	SELF	
<input checked="" type="checkbox"/>	GIBSON	GRETCHEN	SPOUSE	
<input checked="" type="checkbox"/>	GIBSON	OLLIE	SON	
<input checked="" type="checkbox"/>	GIBSON	DUDLEY	SON	

Check the box next to your dependents name if you would like to enroll them in this benefit.

Choose the dependents you would like covered by entering a check mark next to their name. If you would like to add a dependent not listed, you must go back to the dependents page and add the dependent. If you would like to unenroll a dependent, uncheck the box next to their name.

Select the Health Coverage Plan that corresponds with the type and number of dependents you chose. Please look at the plan and type on the left, we have employee only, couple, single parent and family, we also have full time, part time and split plan coverage choices.

If you have other medical insurance and do not select the County Health Insurance you may choose the "No Coverage option", you must provide proof of your other insurance coverage to Personnel.

Important Flex Dollar Information: If you are full time and select single coverage or the no coverage option, you will have flex dollars to spend. These dollars are indicated by the negative dollar sign, these flex dollars must be spent on pre tax insurance choices.

PLAN	HEALTH PARTNERSHIP PLAN
Type	HEALTH PARTNERSHIP PLAN MEDICAL AND DENTAL
Pay Period Payroll Deduction: COUPLE COVERAGE	
Pay Period Payroll Deduction: COUPLE PT	
Pay Period Payroll Deduction: EMPLOYEE ONLY	
Pay Period Payroll Deduction: EMPLOYEE PT	
Pay Period Payroll Deduction: FAMILY	Default Pay Period Amount : \$163.43
Pay Period Payroll Deduction: FAMILY PT	Default Pay Period Amount : \$232.94
Pay Period Payroll Deduction: SINGLE PARENT	Default Pay Period Amount : \$104.61
Pay Period Payroll Deduction: PARENT PT	Default Pay Period Amount : \$184.12
Pay Period Payroll Deduction: SPLIT EMPLOYEE	Default Pay Period Amount : \$18.86
Pay Period Payroll Deduction: SPLIT FAMILY	Default Pay Period Amount : \$18.86

Choose the benefit plan that corresponds with your number of dependents covered and your employment status. The benefit types with PT is for Part Time employees.

If you have Heath Insurance with another plan you may choose the "No Coverage Option". You must provide proof of insurance.

Once you have made your selections, select Save & Continue to return to the Benefits Enrollment page.

Save & Continue

Cancel

HPP Vision

Re-Enrollment of Coverage:

If an employee chooses to drop vision coverage for one's self or dependents, the employee and/or dependents will not be able to re-enroll in the vision plan for a minimum of five (5) years. If after five (5) years, they choose to re-enroll in the plan or add dependents formerly on the plan, a one (1) year pre-existing condition/waiting period will be imposed.

Choose the dependents you would like covered by entering a check mark next to their name. If you would like to add a dependent not listed, you must go back to the dependents page and add the dependent. If you would like to unenroll a dependent, uncheck the box next to their name.

Select the Coverage Plan that corresponds with the type and number of dependents you chose.

PLAN	HPP VISION PLAN
Type	VISION HEALTH PARTNERSHIP PLAN
Pay Period Payroll Deduction: COUPLE COVERAGE	Default Pay Period Amount : \$8.31 <input type="radio"/>
Pay Period Payroll Deduction: EMPLOYEE ONLY	Default Pay Period Amount : \$4.15 <input type="radio"/>
Pay Period Payroll Deduction: FAMILY	Default Pay Period Amount : \$10.39 <input type="radio"/>
Pay Period Payroll Deduction: SINGLE PARENT	Default Pay Period Amount : \$6.00 <input type="radio"/>

Save & Continue

Cancel

Safeguard Dental Coverage

This is an additional HMO dental plan and you must use their dentists. Remember, dental coverage is included with your health plan. Thus, this dental option is *primarily* for dependents not covered by the County health plan and for employees who opt out of the health coverage.

To enroll, change, or cancel these benefits, you must to complete the form located in your Benefits Guide or also found on ESS under Downloadable Forms.

For additional information on this plan, please refer to your Benefits Guide.

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Minnesota Life Insurance.

Additional Term Life Insurance coverage is available through Minnesota Life. You cannot use your County Flex Dollars for these premiums. Application for new or any changes of this plan is not a guaranteed issue. Minnesota Life must approve acceptable evidence of your good health, which may include a paramedical exam or physician's statement.

You do not need to enter a rate into ESS for your Life Insurance; it is automatically calculated by the payroll system based on your age.

Life insurance is a not guaranteed issue. To enroll, change, or cancel these benefits, you must complete the form located in your Benefits Guide or also found on ESS under Downloadable Forms.

For additional information on this plan, please refer to your Benefits Guide.

Employee Life Insurance

SUPPLEMENTAL EMPLOYEE TERM LIFE

This policy is in addition to your County provided life insurance.

Select the button corresponding with the amount you currently have or would like to purchase.

You may select Cancel to return to the Benefits Enrollment page to see your current coverage amount.

Employee Life Insurance Rates: [Life Rates](#)

You must complete these forms for new coverage and any changes: [Life Enrollment Form](#) and [Life EOI Form](#)

You must complete this form to cancel your coverage: [Cancellation Form](#)

All enrollment and change forms must be completed and returned to Personnel by October 14, 2011.

This policy is deducted from your paycheck on an after-tax basis. You may not use your flex dollars to pay for this coverage.

PLAN	MINNESOTA LIFE EMPLOYEE ONLY
Type	MINNESOTA LIFE EMPLOYEE PLAN
Pay Period Payroll Deduction: 100,000.00	<input type="radio"/>

Spouse Life Insurance

Spouse Life Insurance is set as a value based deduction. You must enter an override amount in the provided field. This value will be the amount that is deducted for each paycheck. These are required fields for this type of deduction, so they must be entered. If you are currently enrolled in this deduction, the page will pre-populate with your current deduction.

Spouse coverage terminates at age 70.

You may purchase Term Life Insurance on your spouse in \$10,000 increments to a maximum of 50% of the Employee's Voluntary Term Life coverage you have purchased for yourself.

Life insurance is a not guaranteed issue. To enroll, change, or cancel these benefits, you must complete the form located in your Benefits Guide or also located on ESS under Downloadable Forms.

SUPPLEMENTAL TERM LIFE - SPOUSE

Choose the dependent you would like covered by entering a check mark next to their name.

Select the button corresponding with the amount you currently have or would like to purchase.

You may purchase Term Life Insurance on your spouse in \$10,000 increments up to a maximum of 50% of the Term Life you have purchased for yourself.

You may select Cancel to return to the Benefits Enrollment page to see your current coverage.

Spouse Life Insurance Rates: [Life Rates](#)

You must complete these forms for new coverage and any changes: [Life Enrollment Form](#) and [Life EOI Form](#)

You must complete this form to cancel your coverage: [Cancellation Form](#)

All enrollment and change forms must be completed and returned to Personnel by October 14, 2011.

This policy is deducted from your paycheck on a after tax basis. You may not use your flex dollars to pay for this coverage.

PLAN	MINNESOTA LIFE SPOUSE
Type	MINNESOTA LIFE SPOUSE PLAN
Pay Period Payroll Deduction: 100K SPSE LIFE	Specific Amount : <input type="text" value="0.00"/>

Enter the biweekly rate for the amount of Life Insurance you have purchased on your spouse. This rates are located under Life Rates.

Child Life Insurance

You may purchase Term Life Insurance on your eligible child(ren) in \$2,000 increments to a maximum of \$10,000. You must also purchase Term life insurance for yourself.

Life insurance is a not guaranteed issue. To enroll, change, or cancel these benefits, you must complete the form located in your Benefits Guide or also found on ESS under Downloadable Forms.

SUPPLEMENTAL TERM LIFE - CHILD(REN)

Choose the dependents you would like covered by entering a check mark next to their name.

Select the button corresponding with the amount you currently have for your children or would like to purchase.

This policy is deducted from your paycheck on an after-tax basis. You may not use your flex dollars to pay for this coverage.

For your children to qualify for life insurance you must currently have or purchase term life for yourself.

You must complete this form for new coverage and any changes: [Life Enrollment Form](#)

You must complete this form to cancel your coverage: [Cancellation Form](#)

All enrollment and change forms must be completed and returned to Personnel by October 14, 2011.

PLAN	MINNESOTA LIFE CHILD
Type	MINNESOTA LIFE CHILDREN PLAN
Pay Period Payroll Deduction: 10K CHILD LIFE	Default Pay Period Amount : \$0.60

Cancer Insurance

Cancer insurance is a not guaranteed issue. To enroll, change, or cancel these benefits, you must complete the form located in your Benefits Guide or also found on ESS under Downloadable Forms.

For additional information on this plan, please refer to your Benefits Guide.

Critical Illness Insurance

You may select coverage from \$5,000.00 to \$50,000.00. The cost for this coverage is listed in your Benefits Guide and on ESS Down Loadable Forms.

Your premium is based on your age at issue, your tobacco usage status, and basic benefit amount you select. Your premium does not increase with age.

Critical Illness insurance is a not guaranteed issue. To enroll, change, or cancel these benefits, you must complete the form located in your Benefits Guide or also found ESS under Downloadable Forms.

Critical Illness is set up a value based deduction. You must enter an override amount in the provided field. This value will be the amount that is deducted for each paycheck. These are required fields for this type of deduction, so they must be entered. If you are currently enrolled under Critical Illness, enter your current amount and rate listed.

For additional information on this plan, please refer to your Benefits Guide.

AMS Advantage ESS

Home, Contact, FAQ, Help, Accessibility, PrintPage, Logout

Home | Change Password | Downloadable Forms | My Work in Progress | My Completed Work | Announcements

Benefit Enrollment

Dependent Last Name	Dependent First Name	Relationship Desc
<input type="checkbox"/> GIBSON	MEL	SELF
<input type="checkbox"/> GIBSON	GRETCHEN	SPOUSE
<input type="checkbox"/> GIBSON	OLLIE	SON
<input type="checkbox"/> GIBSON	DUDLEY	SON

Heart Care and Critical Illness are together on one benefit enrollment page. You may only choose one type of coverage.

You may only elect coverage for Heart Care OR Critical Illness.

Choose the dependents you would like covered by entering a check mark next to their name. If you would like to add a dependent not listed, you must go back to the dependents page and add the dependent. If you would like to unenroll a dependent, uncheck the box next to their name.

Select the Coverage Plan that corresponds with the type and number of dependents you chose.

The rate table for Critical Care is located in your Benefits Guide or in ESS under downloadable forms. Enter the biweekly rate to correspond with your selection amount. If you are currently enrolled under critical illness, enter your current rate and current amount. Your current rate is located on left hand side of the benefits enrollment, under current enrollments. Your rate is locked in at time of purchase.

To select the Heart Care benefits, scroll to the far right of your screen.

Critical Illness and Heart Care are a not guaranteed issue, to enroll, change or cancel these benefits you will need to complete a form. Forms are located in your benefits guide and on ESS under Downloadable Forms. Please complete and return to Personnel by November 13, 2009. If not received this benefit will back to your 2009 plan coverages.

PLAN	Type	10K Critical Care	15K Critical Care	20K Critical Care	30K Critical Care	HEART CARE
Pay Period	Specific Amount	0.00	Specific Amount	Specific Amount	Specific Amount	Specific Amount
Payroll Deductions: EMPLOYEE ONLY	Specific Amount	0.00	Specific Amount	Specific Amount	Specific Amount	Specific Amount
Pay Period	Specific Amount	0.00	Specific Amount	Specific Amount	Specific Amount	Specific Amount
Payroll Deductions: EMP ONLY TOB	Specific Amount	0.00	Specific Amount	Specific Amount	Specific Amount	Specific Amount
Pay Period	Specific Amount	0.00	Specific Amount	Specific Amount	Specific Amount	Specific Amount
Payroll Deductions: FAMILY	Specific Amount	0.00	Specific Amount	Specific Amount	Specific Amount	Specific Amount
Pay Period	Specific Amount	0.00	Specific Amount	Specific Amount	Specific Amount	Specific Amount

If currently enrolled select the level of coverage you have and enter your current biweekly deduction, this is located on the right hand side of your benefits enrollment page.

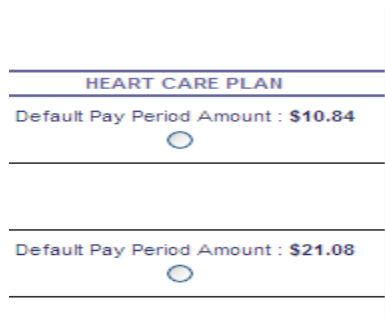
For new coverage, you will need the biweekly rate located in your benefits guide or under downloadable forms on ESS.

Heart Care Insurance

You may elect coverage for Heart Care or Critical Illness coverage; you may not elect coverage under both plans.

Heart Care insurance is a not guaranteed issue. To enroll, change, or cancel these benefits, you must complete the form located in your Benefits Guide or also found ESS under Downloadable Forms.

For additional information on this plan, please refer to your Benefits Guide.



HEART CARE PLAN
Default Pay Period Amount : \$10.84 <input type="radio"/>
Default Pay Period Amount : \$21.08 <input type="radio"/>

For Heart Care scroll to the far left of your screen.

EBS Flexible Spending Accounts

You may choose to establish a medical and/or dependent care spending account. If you have not used all of the County flex dollars, this amount will need to be spent in one of these options.

Remember to enter the TOTAL amount you want in this account, including any leftover flex dollars or Wellness dollars. You must re-select this coverage each year.

EBS Medical and Dependent Care Reimbursement accounts are set up as a Goal Based Deduction.

You must enter the yearly goal amount in the required field.

Then, select Calculate. Once Calculate is selected, the deduction amount that will be taken each pay period is determined.

Select the radio button to select the coverage.

Select Save & Continue.

The maximum yearly goal amount allowed is \$3000.00.

Example: If you select 1000.00 for a yearly goal and submit your wellness form to personnel to qualify for 300.00 dollars. We will not change your yearly goal to 1300.00. We will use your wellness dollars to pay for 300.00 of the 1000.00 yearly goal you selected.

Directions for completing this screen:

1. Enter yearly goal amount (total you want for the year!) in the Revised Goal Amount Box.
2. Click on Calculate, this will show you the biweekly amount.
3. Click on the circle or radio button located under Default Pay Period Amount, to select the coverage.
4. Select save and continue to return to the main benefits page.

PLAN	EBS MEDICAL REIMBURSEMENT
Type	EBS MEDICAL REIMBURSEMENT
Pay Period Payroll Deductions: EMPLOYEE ONLY	Current Goal : \$0.0000
	Current Contribution : \$0.0000
	Revised Goal Amount : <input type="text" value="2000.00"/>
	<input type="button" value="Calculate"/>
	Number of Pay Periods : 26
	Pay Period Amount : \$76.92
	OR
	Default Goal Amount : \$0.00
Default Pay Period Amount : \$0.00	
	<input type="radio"/>
<input type="button" value="Save & Continue"/> <input type="button" value="Cancel"/>	

1. Enter the annual amount you want for you EBS Medical Spending Account.
2. Click on **Calculate**, this will show you the biweekly amount for your deduction.
3. Click on the **radio dial**, located under default pay period amount.
4. Select **Save & Continue**, at the bottom of the page.

Miscellaneous Deductions Page – This page is currently not in use

4 - Miscellaneous Deductions

Back Continue Save&Exit Reset

We are currently not using this screen. Select **Continue** to proceed to the Benefits Summary

Choose a credit union option for enrollment.

DEDUCTIONS	CURRENT ENROLLMENT			FUTURE ENROLLMENT			ACTION	
Type	Type	Plan	Cost	Type	Plan	Cost	Enroll	Unenroll

Back Continue Save&Exit Reset

Enrollment Summary

You have three steps remaining to completing your enrollment:

Agreement -- At the bottom of the Enrollment Summary page, under the statement, “In order to submit your changes, you must confirm that you agree to security terms by checking the following box”. Selecting this serves as your electronic signature and submission of your Benefits Enrollment changes.

Finish -- At the very bottom of the page, you will find the Finish button, which completes the benefit enrollment process and submits your changes to the Personnel Division for processing. This button can only be selected when the Agreement checkbox has been checked (described above).

Make sure you receive this message -- You will receive a message at the top of your screen: “Submitted Successfully, Pending Approval.” If you do not get this message after hitting the “Finish” button, please try to go back one page and try again. If still unsuccessful, call Personnel.

You may only complete your ESS Open Enrollment *one time*. Please check your selections carefully.

The Enrollment Summary features several grids summarizing the dependents, dependent coverage, benefit enrollments, and miscellaneous deductions information that you entered into the system for your review.

Make sure that all of your dependents are listed and are enrolled in the type of coverages you want.

You may print the Enrollment Summary page or log back into ESS at any time to see your benefit choices.



5 - Enrollment Summary

[Back](#) [Save&Exit](#) [Reset](#) [Finish](#) [Close](#)

Dependents

Dependent ID	Dependent Name	Relationship Desc	Birth Date	Gender	FT Student	From	To	Status
✓ 1696	GIBSON, GRETCHEN	SPOUSE	12/25/1955	No Entry	No	01/01/2008	12/31/2009	No Action
1697	GIBSON, OLLIE	SON	01/01/1995	Male	No	01/01/2008	12/31/9999	No Action
1698	GIBSON, DUDLEY	SON	12/25/1955	Male	No	01/01/2008	12/31/9999	No Action

Dependent Coverage

Dependent Name	Benefits Class Desc	Primary Care Physician	Coverage From	Coverage To	Status	Action
✓ GIBSON, GRETCHEN	HEALTH PLAN		01/01/2010	12/31/2010	Update	
GIBSON, OLLIE	HEALTH PLAN		01/01/2010	12/31/2010	Update	
GIBSON, DUDLEY	HEALTH PLAN		01/01/2010	12/31/2010	Update	
GIBSON, OLLIE	LIFE CHILD		01/01/2010	12/31/2010	Update	
GIBSON, DUDLEY	LIFE CHILD		01/01/2010	12/31/2010	Update	

Benefits Enrollment

Benefit Class Desc	Type Description	Plan Description	Benefit Cost	Primary Care Physician	Payroll From	Payroll To	Coverage From	Coverage To	Status	Action
✓ EBS MEDICAL					12/13/2008	12/11/2009	01/01/2009	12/31/2009	No Action	
HEALTH PLAN	HPP PLAN	FAMILY	155.15		12/13/2008	12/11/2009	01/01/2009	12/31/2009	Update	
LIFE CHILD	LIFE CHILDREN	10K LIFE							Update	
LIFE EMPLOYEE									Update	
CANCER PLAN	WAIVED COVERAGE								VED	
DENTAL PLAN	WAIVED COVERAGE								VED	
EBS CHILD CARE	WAIVED COVERAGE								VED	
HEART	WAIVED COVERAGE								VED	
LIFE SPOUSE	WAIVED COVERAGE								VED	
VISION PLAN	WAIVED COVERAGE								VED	

You have three steps to complete your enrollment.

1. Check the box, for your electronic signature.
2. Select the "Finish" Button
3. Look at the top of your screen for Message "Submitted Successfully Pending Approval."

Miscellaneous Deduction

Deduction Type Desc	Deduction Plan Desc	Plan Cost	Goal Amount	Goal Installments	From	To	Status	Action
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In order to submit your changes you must confirm that you agree to security terms by checking the following box. This serves as your electronic signature and submission of Benefit Enrollment changes.

☐

Please read these directions:

1. You may only complete your open enrollment one time, please make sure your selections are correct.
2. You may print a copy for your records or you may log back into ESS any time to see your benefits.
3. You will be able to verify your coverage after Personnel has approved your selections.
4. To verify your coverage, log back into ESS in 1-2 days, and select mybenefits, future enrollments.
5. To see your final enrollment and any benefit changes or wellness are complete please log back into ESS after December 7, 2009.
6. Please Select the Finish Button to complete your open enrollment.
7. For you enrollment to be complete you will receive a message at the top of your screen, Submitted Successfully Pending Approval.

[Back](#) [Save&Exit](#) [Reset](#) [Finish](#) [Close](#)

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1 - Appointment | 2 - Dependents | 3 - Benefits Enrollment | 4 - Miscellaneous Deductions | 5 - Enrollment Summary

View All (1 of 2) : Document submitted successfully - Pending Approval



5 - Enrollment Summary

[Back](#) [Save&Exit](#) [Reset](#) [Finish](#)

Dependents

Dependent ID	Dependent Name	Relationship Desc	Birth Date
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If you have successfully completed your enrollment you will see this message at the top of your screen. After Personnel has approved your enrollment you will be able to log back into ESS and see your benefits under "myinfo", "mybenefits", "future enrollments".

Downloadable Forms

In addition to enrolling or waiving benefits using ESS, a form may be required from the benefits vendor for any policy changes, cancellations, or additions. For example, if an employee wishes to enroll or cancel coverage with Minnesota Life, the supplemental insurance vendor, a form is required. Forms are located in your Benefits Guide or can be downloaded in ESS under the Downloadable Forms tab. **It is the employee's responsibility to obtain and complete the necessary form(S) and submit all completed and needed forms to the Personnel Division.** Personnel will no longer automatically send out the form.

Downloading Change Forms and Policy Information

Employees must submit, when applicable, a completed policy enrollment, change, or cancellation form(s) for the applicable benefit plan.

If you are unsure about which form is needed, please contact Personnel at (386) 736-5951 or extension 5951.

To download the policy form or policy information:

Click on the **Home** tab near the top of the screen

Click on the **Downloadable Forms** tab near the top of the screen

Click on the **name of the form or policy needed** (e.g. MINN LIFE ENROLL)

- **NOTE:** Click the **Next** button to go to the next page of forms if applicable.

Click on the **form document PDF file** under Form Attachments section

Click **Open** (or Save) Click **File**

Click **Print**

Click **OK**

Topic	Department	Description
✓ Benefit	ALL	2009 MEDICATION
Benefit	ALL	2009 RATES
Benefit	ALL	2009 WELLNESS
Benefit	ALL	CANCER ENROLL
Benefit	ALL	CRITICAL CARE
Benefit	ALL	CRITICAL/HEART
Benefit	ALL	DENTAL ENROLL
Benefit	ALL	DPN HEALTH SUB
Benefit	ALL	EBS CLAIM FORM
Benefit	ALL	FRS BENEFICIARY

First Prev Next Last

Topic : Benefit
Department : ALL
Description : Walgreens Health Initiatives 2009 Preferred Medication List
Additional Information Link :

Form Attachments

 [formularyalpha09.pdf](#)