

New Hire Benefits Enrollment

EBS (OPUS) Screenshots Guide

IMPORTANT TIPS

- Your screens may look different than the examples shown. The screenshots are individualized based on your eligibility and dependents.
- Use the Navigation buttons (such as **Next** or **Back**). Do not use the Internet browser back arrows at the top of your screen.
- To learn about the benefits listed, click on the blue hyperlinks.
- Select **Pre-tax** instead of **Post-tax** for tax savings.
- Costs are biweekly (per pay period).

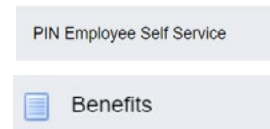
- This step-by-step guide is to help new employees enroll for Pinellas County benefits.
- The effective date for your benefits is the **first of the month after 30 days of service** (i.e. if you are hired on February 16, your benefits are effective on April 1).
- **IMPORTANT:** You have **30 days from your date of hire** to enroll for benefits in EBS (OPUS). If you do not enroll in EBS (OPUS) within 30 days, you will have to wait until Annual Enrollment in the fall to select coverage to begin the following January 1.
- We also offer a [New Hire Benefit Enrollment Video](#) that illustrates the steps shown below.

1 Log into EBS (OPUS)

Access EBS (OPUS) from work or home at <http://opus.pinellascounty.org>.

2 Select Benefits in EBS (OPUS)

- *Option 1:* Click the **Benefits** icon on your EBS (OPUS) homepage (icon color may vary).
- *Option 2:* Use the Navigator at top left (three horizontal lines) to select
 - **PIN Employee Self Service**
 - **Benefits**



3 Read and Accept the Legal Disclaimer

- Read the disclaimer.
- Select **Accept**.
- Select **Next**.

Legal Disclaimer

TIP PLEASE READ FOLLOWING CAREFULLY. YOU ARE ACKNOWLEDGING YOUR AGREEMENT AND UNDERSTANDING OF EACH ITEM.

Accept
 Decline

Cancel | Printable Page | Next

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Dependents, Beneficiaries and/or Contacts

Be prepared with a list of full legal names, Social Security numbers, birth dates and addresses. This information is supplied to the IRS and must match their records.

IMPORTANT: This is a list of contacts on your record. The persons listed do not have benefits coverage until you make your elections (see #5 below). Click on the yellow pencil Update icon if you need to change the information later. This step is the correct time to make any necessary revisions before updating your benefits. Otherwise, you will need to contact Benefits to restart your enrollment (see step #18).

To add your dependents and beneficiaries, click **Add Another Person** and enter the information. Click **Next** when done.

Dependents, Beneficiaries and/or Contacts Cancel Next

Name

Add Another Person | ...

EXAMPLE ONLY

Dependents, Beneficiaries and/or Contacts Cancel Next

Name John Doe

Name	Relationship	Social Security Number	Birth Date	Update
Jane Doe	Spouse	111-11-1111	08-Feb-1976	
Boy Doe	Child	222-22-2222	24-Aug-2009	
Girl Doe	Child	333-33-3333	29-Mar-2012	

TIP Add any eligible dependents that will be enrolled in your health, dental and dependent life insurance plans. You can also add beneficiaries for your life insurance in this section.

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Update Benefits

You will see a list of benefits options.

Select **Update Benefits**. *The following screenshots #6 to #18 are part of Update Benefits.*

Benefits Enrollment Current Benefits

Benefit Enrollments Change Program Update Benefits

Name John Doe Program Pinellas County Group Insurance

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Medical

Select your medical plan and participants to be covered.

Opt Out of Health: If you are opting out of the Pinellas County Health Plan due to enrollment in other qualified medical coverage, select Opt Out of Health to receive a monthly payment. Complete the [Opt Out Incentive Affidavit](#) and submit the notarized form to Benefits within 30 days of your hire date.

Decline Health: If you do not qualify for the opt out stipend and do not wish to enroll for medical coverage, select Decline.

Medical **EXAMPLE ONLY**

You may select either pre-tax or post-tax coverage. If you select pre-tax, your deductions will be subtracted from your pay prior to taxing you, which means you pay less in tax. If you select Opt Out, the Summary and Affidavit, available on the HR Benefits page, must be completed and submitted by last day of enrollment period.

Plan	Option	Select	Pre-tax Cost	Post-tax Cost
Open Access Plus (OAP)				
	Participant Only	<input type="checkbox"/>	13.09	
	Participant Only (Post)	<input type="checkbox"/>		13.09
	Participant + Spouse	<input type="checkbox"/>	151.16	
	Participant + Spouse (Post)	<input type="checkbox"/>		151.16
	Participant + Child(ren)	<input type="checkbox"/>	120.60	
	Participant + Child(ren) (Post)	<input type="checkbox"/>		120.60
	Family Coverage	<input type="checkbox"/>	247.67	
	Family Coverage (Post)	<input type="checkbox"/>		247.67
Choice Fund Open Access Plus HSA				
	Participant Only	<input type="checkbox"/>	13.09	
	Participant Only (Post)	<input type="checkbox"/>		13.09
	Participant + Spouse	<input type="checkbox"/>	151.16	
	Participant + Spouse (Post)	<input type="checkbox"/>		151.16
	Participant + Child(ren)	<input type="checkbox"/>	120.60	
	Participant + Child(ren) (Post)	<input type="checkbox"/>		120.60
	Family Coverage	<input type="checkbox"/>	247.67	
	Family Coverage (Post)	<input type="checkbox"/>		247.67
Opt Out of Health		<input type="checkbox"/>		
Decline Health		<input type="checkbox"/>		

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HSA Account Contribution

If you select the Choice Fund Open Access Plus HSA Plan, select your plan (single or family) and your pre-tax bi-weekly contribution amount. The maximum contribution per the IRS for 2024 is \$4,150 for single and \$8,300 for family which includes the Pinellas County contribution of \$500 for single or \$1,200 for family. An HSA will automatically be opened for you with HSA Bank. For more information, see [Health Savings Account](#).

You will only see this screen if you are eligible.

PIN HSA

If you choose the Choice Fund Open Access Plus HSA Plan, an HSA account will automatically be opened for you. IMPORTANT: Choose Single or Family based on Medical Tier. Please enter the same bi-weekly dollar amount in both fields if a "catch up" option is shown. Your annual contributions plus the County contribution cannot exceed the IRS annual maximum based on your coverage level. Please refer to the Benefits Handbook for current IRS maximums.

Plan	Select	Annual Cost	Pre-tax Cost
PIN HSA Single	<input type="checkbox"/>	0.00	<input type="text" value="0.00"/>
PIN HSA Family	<input type="checkbox"/>	0.00	<input type="text" value="0.00"/>

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Domestic Partner Medical

If you are enrolling a domestic partner and/or their eligible child(ren), indicate your medical plan selection. Complete the [Domestic Partner Affidavit and Certification](#) within 30 days of your hire date and submit it to Benefits.

You will only see this screen if you are eligible.

Domestic Partner **EXAMPLE ONLY**

A Domestic Partner is an unmarried person in a committed relationship with employee that is not legally defined as marriage. As required by the IRS, imputed income allows us to tax you for the County's contribution towards your domestic partner's coverage, and their children's coverage, if they are not your tax dependents. Imputed income is separate from, and in addition to, your biweekly health cost and will be added to your annual W2 earnings. Domestic Partner forms are available on the HR Benefits website and must be submitted by the end of the enrollment period.

Plan	Option	Select	Post-tax Cost
Domestic Partner			
	Domestic Partner + Child(ren)(in addition to Participant Only)	<input type="checkbox"/>	234.58
	Domestic Partner + Child(ren)(in addition to Participant Only) Imputed	<input type="checkbox"/>	234.58

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Employee Assistance Program (EAP)

No action is needed. You do not need to select Employee Assistance Program which is provided to you at no cost by the County.

EAP

No action is needed. You do not need to select Employee Assistance Program which is provided to you at no cost by the County.

Plan	Select
Employee Assistance Program	<input checked="" type="checkbox"/>

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Dental

Select your dental plan and participants to be covered, or select Decline Dental.

Dental **EXAMPLE ONLY**

You may select either pre-tax or post-tax coverage. If you select pre-tax, your deductions will be subtracted from your pay prior to taxing you, which means you pay less in tax.

Plan	Option	Select	Pre-tax Cost	Post-tax Cost
PPO Dental Basic				
	Participant Only	<input type="checkbox"/>	7.07	
	Participant Only (Post)	<input type="checkbox"/>		7.07
	Participant + 1	<input type="checkbox"/>	21.47	
	Participant + 1 (Post)	<input type="checkbox"/>		21.47
	Participant + 2 or More	<input type="checkbox"/>	29.07	
	Participant + 2 or More (Post)	<input type="checkbox"/>		29.07
PPO Dental with Orthodontia				
	Participant Only	<input type="checkbox"/>	8.21	
	Participant Only (Post)	<input type="checkbox"/>		8.21
	Participant + 1	<input type="checkbox"/>	24.94	
	Participant + 1 (Post)	<input type="checkbox"/>		24.94
	Participant + 2 or More	<input type="checkbox"/>	33.76	
	Participant + 2 or More (Post)	<input type="checkbox"/>		33.76
HMO Dental Plan				
	Participant Only	<input type="checkbox"/>		
	Participant Only (Post)	<input type="checkbox"/>		
	Participant + 1	<input type="checkbox"/>		
	Participant + 1 (Post)	<input type="checkbox"/>		
	Participant + 2 or More	<input type="checkbox"/>		
	Participant + 2 or More (Post)	<input type="checkbox"/>		
Decline Dental				
		<input type="checkbox"/>		

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Domestic Partner Dental

If you are enrolling a domestic partner and/or their eligible child(ren), indicate your dental plan selection.

You will only see this screen if you are eligible.

Domestic Partner Dental **EXAMPLE ONLY**

Choose the same Dental Plan for your Domestic Partner that was chosen for yourself. A Domestic Partner is an unmarried person in a committed relationship with employee that is not legally defined as marriage. Domestic Partner forms are available on the HR Benefits website and must be submitted by the end of the enrollment period.

Plan	Option	Select	Post-tax Cost
PPO Dental Basic Domestic Partner			
	Participant + Domestic Partner + More	<input type="checkbox"/>	22.00
PPO Dental Orthodontia Domestic Partner			
	Participant + Domestic Partner + More	<input type="checkbox"/>	25.55
HMO Dental Plan Domestic Partner			
	Participant + Domestic Partner + More	<input type="checkbox"/>	0.00

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Life Insurance

Group Term Basic Life Insurance - *No action is needed.*

The County provides basic group term life insurance to all permanent employees working at least 20 hours per week at no cost to you in an amount equal to your annual salary rounded up to the next \$1,000.

Life **EXAMPLE ONLY**

The County provides basic group term life insurance to all permanent employees working at least 20 hours per week at no cost to you in an amount equal to your annual salary rounded up to the next \$1,000.

Plan	Select	Coverage
Group Term Basic Life Insurance	<input checked="" type="checkbox"/>	78,000.00

Supplemental Life Insurance - *This is optional.* You pay 100% of the cost. Coverage is available in increments of \$5,000 up to \$250,000. The biweekly cost is based on your age and the amount of coverage selected (the example below is for ages 40 - 49). For employees age 65 and over, refer to the [Reduction in Coverage at Age 65](#).

During new hire enrollment only, you can elect up to 3 times your annual salary without providing evidence of insurability. To request coverage above this amount, complete Securian's [Medical History Statement](#) (policy number 34740 and access key *Pinellas*).

Supp Life **EXAMPLE ONLY**

Increases over \$20,000, not to exceed 3x your salary, will require an underwriting form which can be found on the Benefits Life Insurance webpage. Rates are subject to age band and may change during the year. Employees age 65 and over are subject to reduction in their coverage amount. Coverage amounts listed are prior to reduction. Please view the age reduction schedule on the Life Insurance page of the Benefits Handbook. The premium shown is reflective of the reduced value.

Plan	Select	Coverage	Post-tax Cost
Supplemental Life	<input type="checkbox"/>	5,000.00	0.62
Supplemental Life	<input type="checkbox"/>	10,000.00	1.25
Supplemental Life	<input type="checkbox"/>	15,000.00	1.87
Supplemental Life	<input type="checkbox"/>	20,000.00	2.49

You will only see this screen if you are eligible.

Dependent Life Insurance - *This is optional.* You pay 100% of the cost. You will only see this option if you have eligible dependents listed in EBS (OPUS).

Dep Life

The Employee is the beneficiary of this coverage. Employees may not cover another employee on dependent life. If both parents are employees only one parent may cover dependent children.

Plan	Option	Select	Post-tax Cost
Dependent Life			
	Spouse \$10,000/Child \$5,000	<input type="checkbox"/>	1.66
	Spouse \$20,000/Child \$10,000	<input type="checkbox"/>	3.18
Decline Dependent Life		<input type="checkbox"/>	

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Flexible Spending Account (FSA)

Indicate your selections for Flexible Spending Accounts for health care or dependent care and the amount of coverage desired.

- The **Health Care FSA** is for qualified health, dental and vision care expenses for you and your dependents. The minimum annual amount you may elect is \$260. The maximum annual amount is \$3,200. Individuals enrolled in the Choice Fund Open Access Plus may have a Limited Purpose FSA which may only be used for a qualified dental and vision expenses until the medical deductible is met. This is completely separate from your Health Savings Account.
- The **Dependent Care FSA** is for qualified day care expenses. The minimum annual amount you may elect is \$260. The maximum annual amount is \$5,000.

For more information, visit [Flexible Spending Account](#).

FSA Health

The Health Care FSA is for qualified health, dental, and vision care expenses for you and your qualified dependents. The minimum annual amount you may elect is \$260. The maximum annual amount is \$3,200. Individuals enrolled in the Choice Fund Open Access Plus HSA may have a LIMITED PURPOSE FSA which may ONLY BE USED FOR QUALIFIED DENTAL AND VISION EXPENSES until the medical deductible is met.

Plan	Select	Coverage	Annual Cost	Pre-tax Cost
Health Flexible Spending Account	<input type="checkbox"/>	<input type="text" value="0.00"/>	0.00	0.00
Decline Health Flexible Spending Account	<input type="checkbox"/>			

FSA Dep Care

The Dependent Care FSA is for qualified day care expenses, i.e. daycare, before school care, after school care and elder daycare. The minimum annual amount you may elect is \$260. The maximum annual amount is \$5,000.

Plan	Select	Coverage	Annual Cost	Pre-tax Cost
Dependent (Day) Care Account	<input type="checkbox"/>	<input type="text" value="0.00"/>	0.00	0.00
Decline Dependent (Day) Care Account	<input type="checkbox"/>			

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Disability

Long Term Disability (LTD) and Short Term Disability (STD) - *No action is needed.*

- **Long Term Disability** can be purchased by classified employees after one year of service. Acceptance will be subject to Evidence of Insurability. After five years of service, LTD is provided at no cost by Pinellas County for classified employees. LTD coverage begins for exempt employees on the first of the month after 30 days of service. No application is needed.
- **Short Term Disability** is provided at no cost to employees by Pinellas County.

LTD - Classified

Classified employees may purchase LTD coverage after one year of service. Acceptance will be subject to Evidence of Insurability. LTD is provided at no cost after completing five years of service.

Plan	Select	Post-tax Cost
Long Term Disability	<input checked="" type="checkbox"/>	0.00

STD

You do not need to select STD which is provided to you at no cost by the County.

Plan	Select
Short Term Disability	<input checked="" type="checkbox"/>

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Voluntary Benefits through Aflac

These benefits are optional. You pay 100% of the cost. There are 3 plans: Accident, Hospital Indemnity and Critical Illness. Each offers high and low coverage options. For each plan, select participants to be covered, or select Decline. These benefits are separate from your medical plan benefits. Any employee may enroll, including those who opt out or decline the County's medical plan. For more information, see [Voluntary Benefits](#).

Accident Plan

Voluntary Benefits- Accident

The Accident Plan schedule of benefits are payable per accident for an on/off job accident. The Plan includes treatment for both inpatient and outpatient services along with a hospital benefit if admittance is due to injury or accident. The premium offers a low plan and a high plan.

Plan	Option	Select	Post-tax Cost
Decline Accident Plan		<input type="checkbox"/>	
Accident High			
	Employee Only	<input type="checkbox"/>	3.36
	Employee + Spouse/Domestic Partner	<input type="checkbox"/>	5.62
	Employee + Child(ren)	<input type="checkbox"/>	6.54
	Family	<input type="checkbox"/>	8.79
Accident Low			
	Employee Only	<input type="checkbox"/>	1.83
	Employee + Spouse/Domestic Partner	<input type="checkbox"/>	3.13
	Employee + Child(ren)	<input type="checkbox"/>	3.81
	Family	<input type="checkbox"/>	5.11

Hospital Indemnity Plan

Voluntary Benefits- Hospital Indemnity

The Hospital Indemnity Plan includes hospitalizations for accident and sickness along with hospital for maternity coverage. The premium offers a low plan and a high plan.

Plan	Option	Select	Post-tax Cost
Decline Hospital Indemnity		<input type="checkbox"/>	
Hospital Indemnity High			
	Employee Only	<input type="checkbox"/>	7.06
	Employee + Spouse/Domestic Partner	<input type="checkbox"/>	14.15
	Employee + Child(ren)	<input type="checkbox"/>	11.28
	Family	<input type="checkbox"/>	18.37
Hospital Indemnity Low			
	Employee Only	<input type="checkbox"/>	3.97
	Employee + Spouse/Domestic Partner	<input type="checkbox"/>	8.00
	Employee + Child(ren)	<input type="checkbox"/>	6.46
	Family	<input type="checkbox"/>	10.50

Critical Illness Plan. The biweekly cost is based on your age, whether you select low or high coverage and if you use tobacco. The example below is for ages 40 - 44.

Voluntary Benefits- Critical Illness

The Critical Illness plan is a lump sum benefit paid based on schedule of conditions and percent of benefit paid. Identifying as a tobacco user will result in higher premiums. After completing a qualified tobacco cessation program, you will be changed to the lower non-smoker rate.

Plan	Option	Select	Post-tax Cost
Decline Critical Illness Plan		<input type="checkbox"/>	
Critical Illness Low Non Tobacco User			
	Employee or Emp+Child	<input type="checkbox"/>	3.39
	Emp + Spouse/DP or Family	<input type="checkbox"/>	6.76
Critical Illness High Tobacco User			
	Employee or Emp+Child	<input type="checkbox"/>	8.88
	Emp + Spouse/DP or Family	<input type="checkbox"/>	17.74
Critical Illness Low Tobacco User			
	Employee or Emp+Child	<input type="checkbox"/>	4.79
	Emp + Spouse/DP or Family	<input type="checkbox"/>	9.56
Critical Illness High Non Tobacco User			
	Employee or Emp+Child	<input type="checkbox"/>	6.08
	Emp + Spouse/DP or Family	<input type="checkbox"/>	12.14

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Voluntary Benefits through ARAG

These benefits are optional. You pay 100% of the cost. The Legal Plan, offered through ARAG, covers a wide range of legal needs like creating wills, transferring property or buying a home, as well as more complex issues. For more information, see [Legal Voluntary Benefits](#). Select Family coverage or Decline Legal. Family coverage includes you, your children, your spouse/ domestic partner, and extended family (your parents and parents-in-law). Children are covered until the end of the month when they reach age 26, whether married or unmarried.

Legal Plan

ARAG Voluntary Benefits

Life is full of legal situations. Some you plan for — like creating a will or buying a home. Others are more unexpected — like fighting a traffic ticket or getting your deposit back from a difficult landlord. Legal insurance makes it affordable to get the legal help you need: network attorney fees are 100% paid-in-full for most covered matters. Benefit from a wide range of coverage and services to protect your family and better navigate life's legal challenges. Enroll today. One tier – Extended Family – includes you, your spouse, your children, your parents, and your parents-in-law

Plan	Option	Select	Post-tax Cost
Decline Legal		<input type="checkbox"/>	
Legal			
	Family	<input type="checkbox"/>	9.81

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Voluntary Benefits through AIP

These benefits are optional. You pay 100% of the cost. Through Allstate Identity Protection, you get identity monitoring, cyber features, and fraud resolution to help protect you and your family against digital threats. For more information, see the [Identity Protection Voluntary Benefits](#). Select Employee Only, Family, or Decline Identity Protection. Family coverage includes any person who lives with you or is financially dependent on you regardless of age. Click **Next** when done.

Identity Protection Plan

AIP Voluntary Benefits

Through Allstate Identity Protection, get comprehensive identity monitoring, cyber features, and fraud resolution designed to help you protect yourself and your family against today's digital threats. This is total protection for your family's digital lives, from a brand you can trust. The plan offered through Allstate protects you from the trail you leave behind from online activity, financial transactions, and social media.

Plan	Option	Select	Post-tax Cost
Decline Identity Protection		<input type="checkbox"/>	
Identity Protection			
	Employee Only	<input type="checkbox"/>	3.46
	Family	<input type="checkbox"/>	6.23

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Add Dependents

If you did not add dependents in step #4 above so they would receive coverage but now realize you need to enter them, click **Back** and enter the information.

IMPORTANT: This will interrupt your EBS (OPUS) enrollment process since you will need to contact Benefits at (727) 464-3367, option 1 to restart your enrollment and make your selections again, starting at step #5.

Add Dependents and Beneficiaries

The choices listed above may vary based on family member information. If you need to add dependents, please click the back button and add your dependents. Please contact Benefits to restart your enrollment.

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Cover Dependents

Review the information carefully to ensure that you have checked the box for the correct dependent for each type of coverage. Click **Next** when done.

EXAMPLE ONLY

Benefits Enrollment | Current Benefits

Update Enrollments | **Cover Dependents** | Update Beneficiaries | Confirmation Statement

Update Benefits: Cover Dependents

Name: John Doe | Program: Pinellas County Group Insurance
 Event Name: Open | Enrollment Period: _____

Dependent Selection

TIP If someone you have entered is not on this list they may not be a family member or are ineligible.

Dental : PPO Dental Plan Participant + 2 or More

Dependent	Relationship	Social Security Number	Eligible	Cover
Jane Doe	Spouse	111-11-1111	Yes	<input checked="" type="checkbox"/>
Girl Doe	Child	333-33-3333	Yes	<input checked="" type="checkbox"/>
Boy Doe	Child	222-22-2222	Yes	<input checked="" type="checkbox"/>

Add Dependents

The people listed above are eligible for dependent coverage. Please add any dependents you want to cover and contact Benefits to restart the enrollment process.

Add Dependents

Back **Next**

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Beneficiary Selection

Review the beneficiary information for your life insurance coverage and the percentage to be provided to each person listed. If you select yourself as a beneficiary, your life insurance would go to your estate. Contingent beneficiary(ies) receive benefits if your primary beneficiary is deceased. For example, if your spouse is your primary and you both pass away at the same time, your contingent beneficiary (such as your adult children) will receive your life insurance. Click **Next** when done.

EXAMPLE ONLY

Benefits Enrollment | Current Benefits

Update Enrollments | Cover Dependents | **Update Beneficiaries** | Confirmation Statement

Update Benefits: Update Beneficiaries

Name: John Doe | Program: Pinellas County Group Insurance
 Event Name: Open | Enrollment Period: _____

Beneficiary Selection

Beneficiary selection will apply to County provided Basic Life and any Supplemental Life coverage you may purchase and is effective immediately. If you select yourself as beneficiary, upon your death, your life insurance would be paid according to the life insurance plan policy. To name a trust or charitable organization as your beneficiary please complete the beneficiary form found at www.pinellascounty.org/hr/benefits

Life : Group Term Basic Life Insurance

Family Members and Others

Beneficiary	Relationship	Social Security Number	Primary %	Contingent %	Clear
Boy Doe	Child	222-22-2222	<input type="text" value="0"/>	<input type="text" value="50"/>	
Girl Doe	Child	333-33-3333	<input type="text" value="0"/>	<input type="text" value="50"/>	
Jane Doe	Spouse	111-11-1111	<input type="text" value="100"/>	<input type="text" value="0"/>	
John Doe	Self	444-44-4444	<input type="text" value="0"/>	<input type="text" value="0"/>	

Recalculate

Primary %	Contingent %
100	100

TIP Total Percentages for the plan must equal 100

Add Beneficiaries

Your eligible beneficiaries are listed above. Enter additional people whom you want to cover or designate, and contact Benefits to restart the enrollment process.

Add Beneficiaries

Back **Next**

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Confirmation

Carefully review your benefits selections. If you need to make changes, click the **Back** button to return to previous screens.

1. **IMPORTANT:** When completed, click the **Confirmation Statement** button for a PDF to save or print for your records. **Enrollment issues cannot be resolved unless you have a copy of your Confirmation Statement.**
2. Select the **Finish** button to submit your enrollment choices and view your final selections.

Confirmation Statement

Back Printable Page Confirmation Statement Finish

Name John Doe Program Pinellas County Group Insurance

Event Name Open Enrollment Period

FAQs

What proof do I have that I submitted my enrollment?

- You need to print and/or save the Confirmation Statement for your records. (A confirmation email will not be sent.)
- Also, after clicking **Finish**, you will see a summary of your Benefits Selections as shown in the example. To ensure that you submitted your elections correctly, review the Coverage Start Date for your medical plan which should be the first day of the month after 30 days of service.

Benefit Selections **EXAMPLE ONLY**

Plan	Option	Coverage Start Date
Tobacco Premium - Tobacco Premium Plan	I have NOT Used Tobacco, defined as cigarettes, e-cigarettes, cigars, pipes, chewing tobacco, dip, snuff, or hookahs at least once a week in the past 3 months OR I have completed a tobacco cessation program on or after AUGUST 1, 2022.	01-Jan-2024
Medical - Choice Fund Open Access Plus HSA	Participant Only	01-Mar-2024

What if I need to make a change?

If necessary, you can go back to the **Benefits** option in EBS (OPUS) and make changes within your enrollment period time frame. Be sure to print and/or save a new Confirmation Statement for your records.

What if corrections are needed?

Check your paycheck after the effective date of your new enrollment to ensure the correct payroll deductions are being made and that all benefits you elected are included. If corrections are needed, contact Employee Benefits within 30 days after enrollment by email at employee.benefits@pinellas.gov or call (727) 464-3367, option 1. Please note that your Confirmation Statement will be needed to resolve any issues.

For more information, visit
www.pinellas.gov/benefits-enrollment.