

Annual Benefits Enrollment



Plan Year 2027 Online Benefits Enrollment Guide



**CITY OF
TALLAHASSEE**

ENROLLMENT GUIDE

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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 13, 2026. 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

** 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 turns 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.

Navigating to and logging-on to PeopleSoft HRMS

Log on to 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.

2027 Annual Employee Benefits Enrollment Period

- Begins - Friday, October 16, 2026 @ 5p.m
- Closes – Friday, November 13, 2026 @ 5p.m

All changes made during the annual enrollment period will become effective January 1, 2027.*

**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.*

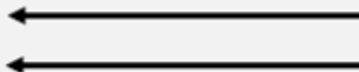
Enrollment Materials

- [Online Benefits Enrollment User Guide](#)
- [2027 Benefits Guide](#) (PDF)

2027 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 on the PeopleSoft HCM Login Screen.
Enter your User ID and Password and click “sign in.” *

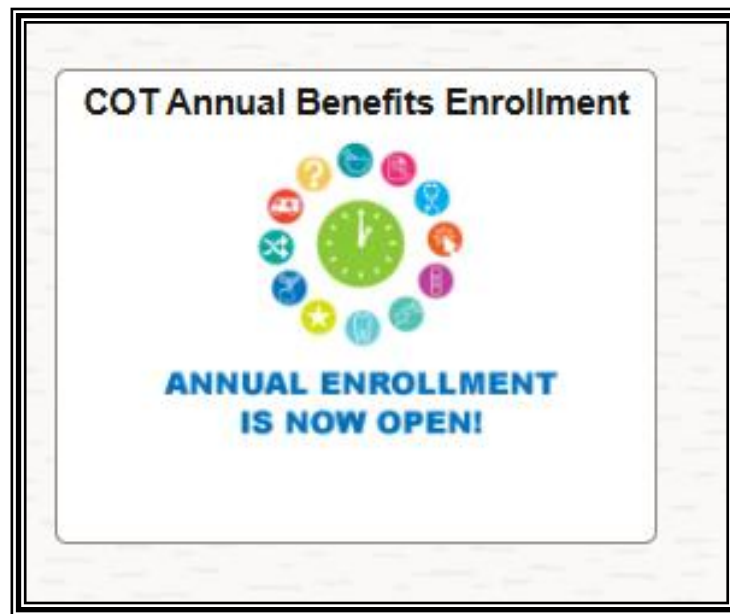
The screenshot shows the login interface for the City of Tallahassee PeopleSoft HCM system. At the top is the City of Tallahassee logo, a red circle with a white star. Below the logo, the text "CITY OF TALLAHASSEE" is displayed in white, followed by "Peoplesoft HCM" in a larger white font. The login form consists of three main input fields: "User ID" (containing "12345"), "Password" (masked with dots), and "Select a Language" (with "English" selected). Below these fields are links for "Forgot your password?" and a green "Sign In" button. Four white callout boxes with black text and arrows provide instructions: "FIRST! Enter your User ID" points to the User ID field; "THEN! Enter your password" points to the Password field; "After entering your User ID and password, click “Sign In”" points to the Sign In button; and "Forgot your password?" points to the corresponding link.

****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 Benefits Enrollment” tile.



Visit **upwise**

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

When you visit Upwise, answer a quick interactive survey about yourself and your family and receive a custom, comprehensive benefits recommendation. You can keep using Upwise year-round to make the most of your benefits with timely reminders and more.

How long will this take?

After answering a few quick questions, Upwise will provide your personalized and comprehensive recommendation in 10 minutes or less!

How should I prepare?

The more information Upwise has, the more precise recommendation you'll get. So, while not required, having your medical insurance ID available is beneficial, along with knowing your dependents' birthdays, pre-existing conditions, income, etc.

Can I use Upwise on my phone?

Yes! Upwise is a mobile-responsive platform.

How does Upwise make benefits recommendations?

Upwise's patented system uses both a rules-based method (a set of pre-defined rules) and machine learning to create a personalized benefits recommendation for you. Fueled by external consumer data in conjunction with individual user data, Upwise provides personalized benefits recommendations for each user.

Can I trust Upwise with my secrets?

Yes! None of the information provided is shared with your employer. Your privacy is Upwise's top priority. All of the data you provide to Upwise is collected with your consent and is maintained in accordance with the privacy policy located [here](#) and all applicable privacy laws. Your answers are primarily used to provide you with individual benefits recommendations and benefit-related reminders.

Visit Upwise!

[Get started here!](#)



How to Make Changes to Your Current Benefits

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

The screenshot shows a web interface for 'MEDICAL INSURANCE'. At the top, there are links for 'Home', 'Add to Favorites', and 'Sign out'. Below these are links for 'New Window', 'Help', 'Customize Page', and a 'help' icon. The main content area includes fields for 'EmpID' and 'Name', both with blacked-out values. Below these is a section for 'Plan Provider, Coverage Level:' with a dropdown menu showing 'Capital Health Plan, Employee+1'. A callout box points to this dropdown with the text: 'Pay close attention to which benefit option you are working on.' Below the dropdown is a table titled 'Covered Dependent(s)' with columns for 'First Name', 'Last Name', 'Relationship to Employee', and 'Date of Birth'. The table contains one row: 'Johnny', 'Doe', 'Spouse', '02/02/1970'. A callout box points to this row with the text: 'Displays current covered dependent(s) on this plan.' Another callout box points to the 'Current Enrollment' section with the text: 'Displays your current plan and coverage level.'

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

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". The information displayed will include the current plan, coverage level and current covered dependent(s) on the plan.

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 drop-down menus for 'Yourself & Legal Dependents' and 'Domestic Partner & Overage Dependents'. A 'Biweekly Cost' field is shown with a value of 121.32. Below these is a table of dependents with columns for selection, name, relationship, date of birth, gender, marital status, and social security number. At the bottom, a 'Biweekly Payroll Deduction' section displays 'TOTAL COST: \$164.81', 'TOTAL FLEXBUCKS: \$75.70', and 'NET BI-WEEKLY COST: \$89.11'. A 'Next Page' button is also present.

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	
☒	John	Doe		Spouse	02/02/1970	Male	Married	*****	+ -
☐		Doe		Son	03/03/1999	Male	Single	*****	+ -
☐		Doe			04/04/2005	Female	Single	*****	+ -
☐		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	
☒	Johnny	Doe		Spouse	02/02/1970	Male	Married	*****	+ -
☐	Jesse	Doe		Son	03/03/1999	Male	Single	*****	+ -
☐	Jessica	Doe		Daughter	04/04/2005	Female	Single	*****	+ -
☐	James	Doe		Son	04/04/2005	Male	Single	*****	+ -

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

Biweekly Cost: Biweekly Overage Dep Cost:

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. 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: Domestic Partner & Overage Dependents:

Blue Cross Blue Shield (BCBS)

Yourself & Legal Dependents: Domestic Partner & Overage Dependents:

Biweekly Cost: 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	
☒	Johnny	Doe		Spouse	02/02/1970	Male	Married	*****	+ -
☐	Jesse	Doe		Son	03/03/1999	Male	Single	*****	+ -
☐	Jessica	Doe		Daughter	04/04/2005	Female	Single	*****	+ -
☐	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

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. Corrections may take up to 48 business hours to process.

How to view information about the plans

Annual Enrollment Changes

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

Blue Cross Blue Shield (BCBS)
[View](#) information about Blue Cross Blue Shield.
[View](#) important definitions about Legal Dependents, Domestic Partner & Overage Dependents.

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
☒	Johnny	Doe		Spouse	02/02/1970	Male	Married	*****
☐	Jesse	Doe		Son	03/03/1999	Male	Single	*****
☐	Jessica	Doe		Daughter				
☐	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: [] Name: [] Current Enrollment: Employee + 2 or More (Family)

Coverage Level: []

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
☒	Johnny	Doe		Spouse	02/02/1970	Male	Married	*****
☒	Jesse	Doe		Son	03/03/1999	Male	Single	*****
☒	Jessica	Doe		Daughter	04/04/2005	Female	Single	*****
☒	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.

EmplID Name	FINAL SUMMARY AND SAVE	Page 10 of 10	Previous Page
			Biweekly Cost
MEDICAL -	-No Coverage-		0.00
DENTAL	-No Coverage-		0.00
VISION	-No Coverage-		0.00
LEGAL	-No Coverage-		0.00
LONG TERM CARE	-No Coverage-		0.00
LONG TERM DISABILITY	-No Coverage-		0.00

Saving your benefit elections

(Continued)

The screenshot shows a web form for saving benefit elections. It is divided into four numbered sections:

- Biweekly Payroll Deduction:** A green-bordered box containing a summary of costs: "TOTAL COST: \$74.43 TOTAL FLEXBUCKS:\$82.50 NET BI-WEEKLY COST:(\$8.07)". Below this, it states: "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."
- Address Review:** A purple-bordered box asking the user to review their address. It includes a link "CLICK HERE" and a checkbox: "☐ I have reviewed my address information and I confirm it is correct."
- Email Address:** A blue-bordered box asking for an email address. It says: "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:". The input field shows "nata _jov.com".
- Save:** A red-bordered box at the bottom containing a "SAVE" button. Above the button, it says: "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."

- 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.

New Health Care Contribution

Biweekly Payroll Deduction

TOTAL COST: \$67.53 TOTAL FLEXBUCKS: \$75.70 NET BIWEEKLY COST: (\$\$8.17)

Premiums are deducted 24 times per year. Flex Bucks are paid 26 times per year. Your new benefit elections will become effective the first (1) of the month following your enrollment. Medical underwriting approvals required by contract.

Please review your address information on file and make any edits as needed. 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.

A copy of this **SUMMARY OF ANNUAL ENROLLMENT BENEFIT CHOICES** will be sent to the email address below. If you would like a copy emailed to a different 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.

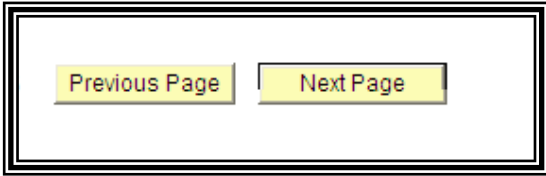
Message from webpage

 Thank you. Your elections have been saved. A summary confirmation file has been sent to your email address.

OK

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
- **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@talgov.com
 - In person at City Hall, 1st Floor, Human Resources
- **Employees should make a copy of all forms for their records!**

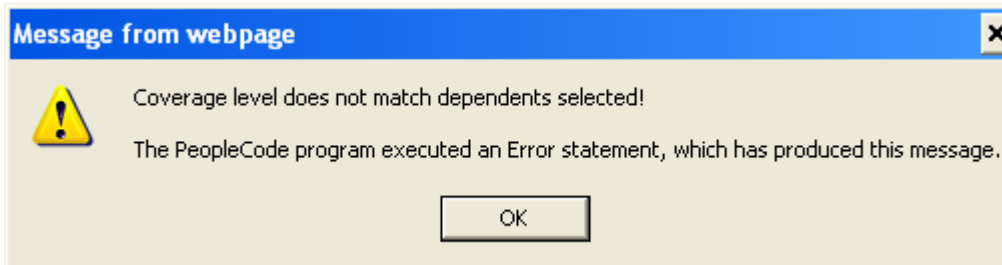
Troubleshooting

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”.)

Message from webpage



Invalid Entry - You cannot have both CHP and BCBS Coverages

The PeopleCode program executed an Error statement, which has produced this message.

OK

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

Message from webpage



NOTICE! The enrollment of a Domestic Partner requires the completion of an Affidavit along with proper documentation. *Please note that all Domestic Partner benefits are deducted on an after-tax basis and may be subject to imputed taxes.

OK

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".

Message from webpage



Adult Child dependent is not eligible for this coverage!

The PeopleCode program executed an Error statement, which has produced this message.

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.

Message from webpage



Unknown for Sex is not allowed!

The PeopleCode program executed an Error statement, which has produced this message.

OK

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



PROBLEM: The "marital status" you have chosen is invalid.

SOLUTION: You must choose "single" or "married" from the list to continue.



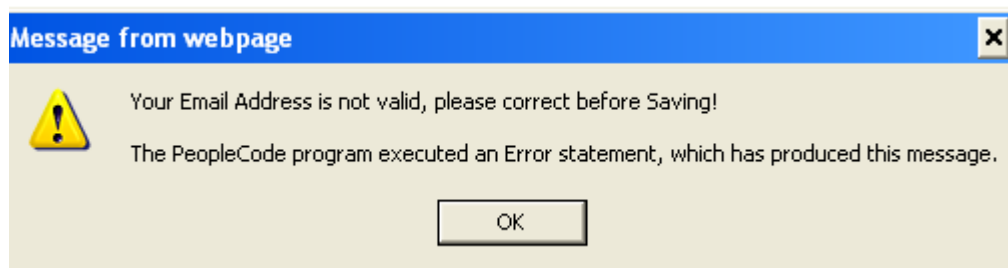
PROBLEM: You do not have an Employee Life Coverage election.

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.