



Welcome To Your Benefits Enrollment!

To begin your enrollment click 'Start Enrollment'

Congratulations on your new position with McDowell County!

You can now begin the new hire enrollment process by completing the following steps! This is where you will choose a health plan and a variety of other valuable benefit options like dental, vision, life, and others, for yourself and any family members.

You are required to complete the enrollment process even if you are declining benefits. Enrollment must be completed immediately, or you may not be able to enroll until our next Open Enrollment.

Here are the steps you must complete

- Verify all personal information
- Verify and update any dependent information

Step 1. Disclaimer

You acknowledge and declare that you are Tom T Test and that elections you make and information you provide that relates to you or your dependents is true and accurate to the best of your knowledge and belief. You also authorize your employer to deduct from your earnings, any required contribution for elected coverages. If you do not agree with these terms, you should EXIT without continuing.

Step 2. Continue or Exit

Continue

EXIT



My Information

Social Security Number

111-22-3333

First Name

Tom

M.I.

T

Last Name

Test

Date of Birth

07/07/1977

Gender

Male

Marital Status

Married

Address

153 S Elm St.

City

Greensboro

State

NC

Zip

27408

Phone Number

336-691-0033

Email

ttest@gmail.com

If changes are needed to your name or address, please contact your HR Department for assistance.

Continue



* Resume Enrollment * My Info * My Family * My Current Benefits

Effective Date - Jan 01, 2022	
Election	Description
<input type="checkbox"/>	Make Election
Flexible Spending Plan	
Effective Date - Jan 01, 2022	

Total \$0.00

Plan Information

Easy Dependent Care Claim Process

1. Download

A copy of your Dependent Care claim form is available to download from your Document Library at www.flores247.com. You also have the option to complete the form electronically using the "Upload Data" feature.

2. Complete

Complete the claim form with the service dates, dependent name(s), the service provider's name and 9 digit Tax-ID number.

3. Substantiate

Submit an itemized statement or have your provider sign in the "Provider Signature" box on the form.



Step 1. Select Plan (Effective Date - Jan 01, 2022)

Flexible Spending Account Info

Waive Flexible Spending Account

Step 2. Save, Reset & Exit

This benefit will be effective as of Jan 01, 2022.

Save

Reset

Return

Step 1. Select Plan (Effective Date - Jan 01, 2022) \$0.00

Flexible Spending Account Info

Waive Flexible Spending Account



You will see this screen if you choose to enroll. You will select your annual contributions and it will calculate the cost below. Click Save.

Step 2. Select Annual Contributions

Medical Expense
\$0.00
Maximum: \$2,750.00

Dependent Care
\$0.00
Maximum: \$5,000.00

Re-Enrollment is required, as current elections for the flexible spending plan will not automatically continue into the new plan year.

Step 3. Save My Selections

Flexible Spending Account Info

Waive Flexible Spending Account



Step 2. Reason for Waiving

Do not desire coverage



If you choose to waive, you will need to select an option from the drop down menu. Then click Save

Step 3. Save, Reset & Exit

This benefit will be effective as of Jan 01, 2022.



Reset

Return